

INTERNal Experience: How Previous Medical Trauma Influences Identity

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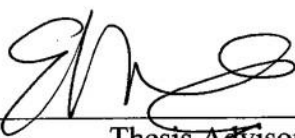
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INTERNAL Experience: How Previous Medical Trauma Influences Identity

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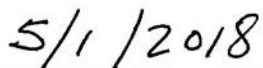


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ABSTRACT

This arts-based phenomenological study intended to extend themes from Jarrett's (2016) arts-based phenomenological study, which explored the evolving identity of a graduate art therapy student. The researcher/participant of this study specifically explored how her past medical trauma continues to influence her current personal and professional identity development, while at her current clinical internship at a pediatric hospital.

This participant replicated Jarrett's (2016) methodology by completing the Twenty-Statement-Test (TST), following the creation of artwork for six weeks. Upon the completion of data collection, the participant took part in a semi-structured interview with an independent reviewer. The purpose of the independent reviewer was to aid in the process of the interpretive phenomenological systematic analysis, which included the TST responses to recognize and categorize themes to further understand certain influences of one's personal and professional identity.

The researcher utilized three of the four categories that Jarrett (2016) identified; familial, sociocultural, and educational, as a framework for the early development of data analysis. The researcher extended categories in this study to include medical and trauma influences. As a result of this process, further themes evolved in the understanding of how traumatic experiences influence one's identity. The researcher's pediatric medical experience influenced the artwork and TST. The results of the interpretive phenomenological systematic analysis indicated that the following eight themes influenced the participant's personal and professional identity: giving, self, success, interpersonal relationships, mother, somatic experiences, values and memories.

Keywords: arts-based, art therapy, attachment, experiences, identity, influences, medical, pediatric, phenomenological study, themes, trauma, Twenty-Statement-Test

DEDICATION

I would like to dedicate this to each individual who has felt a sense of lost identity through a medical diagnosis. May you find strength, support and encouragement through the pain and struggle and know that this too shall pass.

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I would like to acknowledge and sincerely thank those who have supported me throughout this process. I am extremely appreciative and grateful of each individual mentioned. First, I would like to thank my advisor Eileen Misluk for her endless support, time spent editing and advising, kind soul and ability to add humor throughout this process. Second, I would like to thank my advisor Valerie McDaniel for her time spent editing and support. Next, I would like to thank my cohort: Heather, Brittany, Lauren, Jessie, Courtney, Dani and Meaghan, for their continued encouragement from the first day of graduate school and their endless amounts of validation. I would also like to thank Michelle Itczak for her continued support throughout this program and always bringing snacks to share. I would like to thank my fiancée Tom, for always being my person, for keeping me fed and loving me through every challenge that graduate school has brought. I would like to thank my mother for her love, guidance and support during my journey. Finally, I would like to thank my family for their infinite love, understanding and positive energy throughout my life. There are truly not enough words to express how appreciative I am. Thank you all.

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CHAPTER I

INTRODUCTION

The transition from garment to hospital gown began with screaming for help only minutes after you were healthy. The screaming was triggered by a change in the body; a change defined as “alterations that combine inner shifts in people's values, aspirations, and behaviors with outer shifts in processes, strategies, practices and systems” (Senge et al., 1999, p.14). In this case, change caused the participant to question her identity, including thoughts, actions, and beliefs.

As a teenager, the participant of this study was admitted to a pediatric hospital for excruciating pain occurring all over the body. The source of which was later discovered with the support of art therapy. While many medical procedures were negative, art therapy provided an avenue to explore and later assisted physicians to provide a diagnosis. With a diagnosis, it became evident that reevaluating one's personal identity was crucial. With the understanding that personal and professional identity develop throughout life, the participant speculated how past medical trauma continues to influence current identity development.

One way to begin understanding identity is by conducting an arts-based research study. Arts-based research embraces a mode of inquiry, which uses the creative process as the main approach of exploration (McNiff, 1998). Leavy, (2015) exemplified that arts-based research, “brings about awareness (both knowledge of the self and knowledge of others) and recognizes the use of the arts is critical in achieving self/other knowledge” (p. 20). Highlighting the importance of arts-based research, Leavy (2015) also explained that it is “particularly useful for research projects that aim to describe, explore, or discover (p. 21).

Art productions in arts-based research can be measured by looking for themes within the artwork, as well as identifying common themes within the subjective writing that corresponds with the artwork created (Feen-Calligan, 2012). Due to the subjectivity, which is innate within the creative process, a reflective structure aids to organize themes that may arise from this process. One such method is the Twenty Statement Test (TST) (Jarrett, 2016; Kuhn & McPartland, 1954).

The TST is a tool that asks participants to provide 20 statements in response to the question of “Who am I?” and is used to measure self-concept (Kuhn & McPartland, 1954). By measuring and comparing themes that arise from the TST, one may have a more informed understanding of their self-concept through a wider lens. The TST lends itself to the researcher by identifying and categorizing themes, which can be analyzed by the researcher for a deeper understanding of identity.

Jarrett (2016) utilized an arts-based phenomenological study to better understand themes that make up one’s identity. Jarrett’s (2016) results lead to, “...an understanding of the influences that have shaped identity development beyond the influences of familial, sociocultural, educational, and occupational influences through the identification of themes” (p. 34). Jarrett’s methodology allowed the participant to become the researcher, with the understanding that phenomenological studies provide an avenue to research the lived experience (Mertens, 2015). The researcher, through the replication of Jarrett’s (2016) methodology, sought to extend how themes were influenced by past trauma as it relates to clinical experiences. The purpose of extending Jarrett’s (2016) study was to get a better understanding of how past traumatic experiences influence one’s identity working in a pediatric medical facility. The researcher utilized the themes that Jarrett (2016) found; familial, sociocultural, and educational,

as a framework for the early development of data analysis. As a result of this process, further themes evolved in the understanding of how traumatic experiences influence one's identity. It was expected that the researcher's pediatric medical experience influenced the artwork, TST, and that past experience on personal identity was identified.

Operational Definition of Terms

Arts-based research: a mode of inquiry, which utilizes the creative process as the primary mode of exploration (McNiff, 1998).

Art therapy: The American Art Therapy Association (AATA) (2017) defines art therapy as:

an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (Broader Definition of Art Therapy, para. 1-2)

Art therapist: a Master's level clinician that uses the creative process to enhance and improve the mental, physical, and emotional well-being of individuals of all ages (AATA, 2017).

Attachment style: "when the interactions between caregivers and their infant form a pattern of relating, which shapes the relationship" (Weisskirch & Delevi, 2012 p. 486).

Emotional intelligence: a person is aware of the various emotional states within themselves and others (Hall & Hall, 2016, p. 108).

Identity: a product of self-concept, which evolves over the course of one's life (Para, 2008).

Medical trauma: a trauma that occurs from direct contact with the medical setting, and develops through a complex interaction between the patient, medical staff, medical environment, and the diagnostic and/or procedural experience that can have powerful psychological impacts due to the patient's unique interpretation of the event (Hall & Hall, 2016, p.19).

Mirroring phase: “present in early months of infant’s life. Enhances the attunement of communication between parent and caregiver. The infant mirrors the caregiver’s behavior” (Broderick & Blewitt, 2015, p.141).

Mixed method study: “using a methodological approach, in which the investigator collects and analyzes data, integrates the findings, and draws inferences using both qualitative and quantitative approaches in a single study or program of inquiry” (Tashakkori & Creswell, as cited in Creswell & Plano Clark, 2011, p. 4).

Phenomenological study: is a qualitative method of inquiry that probes the meaning of human experience through the narration of the participant (Kleinman, 2004).

Professional identity: defined as a product of biography, personal choices, and social circumstances through which professionals begin to test and accept the traditions and obligations of a profession (Feen-Calligan, 2005).

Qualitative study: “the studied use and collection of a variety of empirical materials- case study; personal experience; introspection; life story; interview... that describe routine and problematic moment’s and meanings in individuals’ lives” (Denzin & Lincoln, 2011, pp. 3-4).

Quantitative study: “Studies aimed at discovering causal relationships or strength of relationships of differences between groups. Descriptive studies use quantitative data to describe a phenomenon” (Mertens, 2015, p. 127).

Resiliency: a person’s personality, how they handle situations and their ability to cope with certain stressors (Agaibi & Wilson, 2005)

Sociocultural competence: the ability to interact with partners who belong to different cultures (Rakhimova, Yashina, Mukhamadiarova, & Sharipova, 2017, p. 56).

Trauma: Exposed to actual or threatened death, serious injury, or sexual violation.

“Exposure” means directly experiencing the traumatic event, witnessing the event, learning of a trauma happening to a close family member or friend, or being repeatedly exposed to aversive details about a traumatic event (Hall & Hall, 2016, p. 18).

Twenty-Statement Test: an instrument used to measure self-concept (Kuhn & McPartland, 1954).

CHAPTER II

LITERATURE REVIEW

Influences on Identity

The identification of themes that help contribute to a deeper understanding of self are explored below. These include personal influences such as family and attachment, professional influences, and medical trauma.

Personal identity. Garai (1973) explains that, “The reflection of the self-image in the process and production of art therapy can provide valuable insights into the process of identity formation” (p. 261). Feen-Calligan (2005) expanded on the importance of personal identity and art therapy by stating, “The art therapist is a person first” (p. 123). Personal experiences and qualities are thought to be important to art therapists because they correlate with an art therapists’ role of understanding and helping others through their own experiences (McNiff, 1986; Robbins, 1992; Gonzalez-Dolginko, 2000).

Familial influence. Correlating with family history and one’s memories, a theme found within the shaping of one’s identity is the influence of relationships within the familial structure (Para, 2008; Bartoszek & Pittman, 2009). Examining familial influence, Bosma and Kunnen (2001) found that family dynamics are a source of identity development. Even further, in a qualitative study by Bregman, Malik, Page, Makynen and Lindahl (2012) expressed that adolescents who recognize support from parents are believed to have an increased self-worth. In addition, Dahl, Clancy and Andrews (2014) suggested that conflicts within the family could have negative effects on self-identity.

Northrup and Bean (2007) examined Latino family therapy sessions in relation to adolescent identity and discussed the essential skills and knowledge that family therapists need

in order to be competent, which include being knowledgeable about historical and present-day cultures associated with the family in the therapy session, their heritage, and the community in which the family lives. “Clinicians need to apply their awareness and knowledge while intervening in a way that is relevant to the client family’s context” (Northrup & Bean, 2007, p.256). Northrup and Bean (2007) also specified that it would be helpful for family therapists to also be aware of multiethnic identity development in order to better understand the client’s family dynamics in relation to their identity development. In addition, Lawson and Quinn (2013) discussed family therapy within the realm of complex trauma and its effect on self-concept in children and adolescents. They indicated that child-parent psychotherapy is crucial in family therapy when attempting to increase the child’s safety, attachment, sense of self and behavior (Lawson & Quinn, 2013).

Within the medical field, mental health therapy can become a large component for the patient and their family. McDaniel, Hepworth, and Doherty (1992) define medical family therapy as, “biopsychosocial treatment of individuals and families who are dealing with medical problems” (p.2). Even further, medical family therapy differs from family therapy by medical family therapists collaborating with medical professionals that come into contact with the patient, such as doctors and nurses, as well as having an understanding of medical terminology, medical diseases and treatments (Ruddy & McDaniel, 2003). Additionally, McDaniel et al., (1992) suggested that medical family therapy aids in patient’s lives by setting boundaries for how much the patient wants their family to help them, as well as helping with communication to family members when they wish for more help. An important aspect of medical family therapists is their ability to help family members and the patient alike view the patient’s illness as a small portion of their whole self, further reducing their tendencies to be solely focused on the illness

(Sholevar & Sahar, 2003). Furthermore, Masdon stated a medical family therapists' role is to provide the patient and their family with support and hope, which also allows for an expansion of "understanding the problem and helps explore possible solutions that best fit their family where they are right now" (as cited in Metcalf, 2011, p.373).

Exploring the familial influence of adolescent identity, DeJong (1997) suggested that father-son interaction patterns have more influence on adolescent males, while "the effects of family interaction patterns on identity explorations are more diverse for females" (p.10). Elaborating on a mother's interaction, Schaverien (1995) discussed how infants explore their own identity in the mirroring phase, but specifically rely on their mother or primary caretaker's responses to develop their own self-concept. Furthermore, Moon (2014) stated, "before infants learn to see their mother as a separate non-self object, they see their mother and their self as one indistinguishable union" (p. 104). Thus, the literature mentioned describes how an individual's sense of self and formation of identity is influenced by their familial structure.

Additionally, Faber, Edwards, Bauer and Wetchler (2003) studied the impact of attachment style on the development of adolescent identity and explained, "family structure has an important influence on identity formation" (p.246). Themes found in published literature show that one's familial structure, attachment style, and childhood memories can have an impact on an individual's identity. Moreover, MacWilliam (2017) correlates how familial influence and attachment style in childhood impacts one's adulthood. Specifically, "...as adults, we set ourselves up by finding relationships that confirm our early models, even when these patterns are not in our own self-interest" (MacWilliam, 2017, p. 44). Furthermore, Faber et al., (2003) concluded that mental health clinicians should assess the attachment levels between adolescents

and their parents in order to help repair strained relationships, which will increase developing a healthy identity.

Attachment style. In relation to familial structure, one's attachment style can influence their personal identity. "Attachment style and self-identity are considered distinct constructs that interact" (Maccallum & Bryant, 2013, p. 720). Attachment style is defined as "the interactions between caregivers and their infant form a pattern of relating, which shapes the relationship" (Weisskirch & Delevi, 2012 p.486). Literature on caregivers' responsiveness shows that primary attachment styles are known as secure, insecure-anxious-ambivalent, insecure-avoidant, or disorganized (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973; Bretherton & Munholland, 2008; Procaccia, Veronese, & Castiglioni, 2014). Granqvist et al., (2017) describe Ainsworth's attachment styles:

Secure attachment style refers to the caregiver giving the child a comforting and positive response when the child is alarmed or stressed as well as being supportive and attentive when the child is calm. An insecure-avoidant attachment pattern occurs when a child becomes alarmed, but instead of turning their attention to their caregiver, they respond to their environment at the expense of communication of their feelings to their caregiver.

Insecure-ambivalent/resistant attachment style is shown when a child experiences unreliable caregiver responsiveness when they make their desire for comfort known, leading them to be highly vigilant about their attachment figure's accessibility, which can lead to inconsolable distress and/or anger. Disorganized attachment style refers to the caregiver's intensity of the display of conflict, disorientation or fear in relation to their attention on the child (p. 537-540).

MacWilliam (2017) highlighted the connection between a caregiver's disorganized attachment style towards their children and their child's future attachment style as an adult by stating that a parent's unresolved trauma "leads to a disorganized attachment style in the child" (p.43). Furthermore, Main, Kaplan and Cassidy (1985) examined attachment styles in a longitudinal study and suggested that when parents are reflective and have an autonomous parenting style, they will have a secure attachment style, which leads to a secure attachment style in the child. Main et al., (2017) also asserted that when parents have a dismissive parenting style, it will lead to an insecure/avoidant style for their child, when their child is an adult and a preoccupied style in parenting will lead to an insecure/ambivalent attachment style in their child.

Procaccia, Veronese, and Castiglioni (2014) supported how a mother's relationship with a child is critical and plays an important role in the development of the child's personal identity. They found that attachment style was closely related to the constancy of one's self-image and the demonstration of their surrounding relationships, as well as how those around them express their own identity (Procaccia, Veronese, & Castiglioni, 2014).

Similarly, Jarrett (2016) discussed how the presence, absence, and structure of the primary attachment figure are important factors when viewing the development of one's identity. Jarrett (2016) found that the absence of a primary caregiver has "...a measurable effect in modifying a child's beliefs, values, and point of view" (p. 12). Additionally, Jarrett (2016) supported the influence of a father figure in relation to one's attachment by stating, "...attachment with the father is linked to the two extreme identity statuses; achieved identity is an individual's commitment to their current belief system and diffused identity is the absence of exploration and commitment" (p. 14). Overall, the literature mentioned suggests that one's attachment style correlates with one's personal identity formation.

Memory. Review of literature on memory has shown that there are certain themes that may arise in understanding personal identity. Hilton and Liu (2005) recognized that one's previous experience affects their present. Furthermore, the study concluded that the history of an individual influences identity formation within a social environment (Hilton & Liu, 2005). An individual's memory of a traumatic event is a factor in the evolving development of one's professional identity. Specifically, the sensory memory includes the exteroceptive and interoceptive sensory systems (Hall & Hall, 2016). The exteroceptive system contains nerves that respond to the physical environment by absorbing sensory material through the five senses, sight, sound, smell, touch, and taste, while the interoceptive system, responds to stimuli within the body. The exteroceptive and interoceptive systems "encode sensory information into our memory and, when a trauma occurs, these memories— along with their corresponding sensations and emotions— can be recalled and lead to psychophysiological arousal" (Hall & Hall, 2016, p. 124-125). Bouizegarene and Philippe (2016) postulated that "the self and identity appear to be intimately related to self-defining memories and such memories seem to be critically involved in the process through which self-relevant information is integrated to the self and identity" (p. 618). Additionally, Kandel (2012) states that visual art stimulates many specific and sometimes contradictory emotional signals in the brain, generating memories. Furthermore, exploring personal identity through the healing properties of art can aid in the processing of these memories (Kandel, 2012).

Professional identity. Professional identity is defined as a product of biography, personal choices, and social circumstances through which professionals begin to test and accept the traditions and obligations of a profession (Feen-Calligan, 2005). Understanding professional identity is essential to the development of one's occupation. Dahl, Clancy, and Andrews (2014)

assert that if one has a strong professional identity, their profession becomes more effective. Low professional identity, “leads to poor commitment and a decrease in public confidence” (Dahl, Clancy, & Andrew, 2014, p. 600). For a therapist, professional identity of is intricately linked to personal identity (Bruss & Kopala, 1993). Levick (1995) acknowledged certain personal characteristics such as compassion, empathy, and patience can be used to help establish professional identity. Junge (2014) further contributed to knowledge on an art therapy student’s identity formation by explaining that an individual’s identity is shaped through education, training, and relationships with professors, mentors and clinical supervisors, as well as a variety of cultural and contextual influences.

Education. Bolton (2006) states that students should have opportunities to reflect on and cultivate professional identity in order to better understand their roles and responsibilities in the work environment. Mellin, Hunt, and Nichols (2011), state that it is essential to have a strong sense of professional identity to foster inter-professional collaboration. Inter-professional collaboration is “whereby professionals who contribute to patient/clients’ care, collaborate to provide integrated health and social care provision across a range of services” (Watts & Jones, 2000, p. 378). Inter-professional collaboration and co-mentoring programs impact the care provided to individuals and effects one’s professional career and identity. One impact is shown by having students reflect their current experiences with an experienced professional in the same field of study. Murdock, Stipanovich and Lucas (2013) described a theme of personal growth within a counseling mentor program between master’s level students and their mentors. One master’s level student participant reported:

We talked about my self-growth, obstacles I’ve overcome, my strengths and weaknesses; discussions revolved around who we are and how we can become better people and

counsellors'. Allowing an outlet for these discussions was a benefit in that it alleviated stress and provided them with an opportunity to problem solve with the help of an experienced counsellor (Murdock, Stipanovich, & Lucas, 2013, p. 497).

With the reflection and support of a mentor, students were able to have a deeper understanding of how their own stress, style of counseling and counter transferences effected the clients that they saw (Murdock, Stipanovich, & Lucas, 2013).

Experience. Feen-Calligan (2012) underscores the importance of professional identity and states, “among art therapists, professional identity may contribute to individuals’ commitment to the profession and to their careers, and to group affiliations” (p.150). It is essential for an art therapist in training to be aware of how their professional identity is being developed and what circumstances affect their self-concept. Self-reflection is a method that can aid the process of integrating personal self into professional identity (Feen-Calligan, 2012). Murdock, Stipanovich and Lucas (2013) found that “professional development is a process of integration between the personal and professional self, that professional development requires continuous self-reflection” (p.489).

Sociocultural competence. Within the professional context of an art therapist, being sociocultural competent is an important factor to consider. Sociocultural competence is defined as “the ability to interact with partners who belong to different cultures” (Rakhimova, Yashina, Mukhamadiarova, & Sharipova, 2017, p. 56). Moon (2014) relates how the professional art therapist can practice being socioculturally competent by explaining the effects of creating artwork for themselves, “Art provides a channel for communication and gives visual permission for viewers to face issues from which they are accustomed to turning away (p. 106).

“The connection between memory and identity suggests that memory is created in interaction between and among people in social and political contexts” (Zembylas & Bekerman, 2008, p.129). In particular, a person who experiences a traumatic event in childhood may find themselves feeling like an outsider, confused and potentially becoming socially marginalized (Clark, 2003). Thus, it is critical for a professional in the mental health field who has previous medical trauma to be aware of how their experiences affect their work with others. Feen-Calligan (2012) stressed:

art therapists who are also being prepared as counselors may benefit from additional attention to developing personal awareness and personal competencies, skills to work within different workplace cultures, and further understanding of the distinctions between counseling and art therapy. Taking these steps will foster a professional identity as both art therapists and counselors (p. 155).

Medical Influences

Medical environment. When an individual experiences a medical trauma, all aspects of the physical environment including sensations felt within the body can emerge as potential triggers of traumatic memories and traumatic stress response (Hall & Hall, 2016). There are several environmental factors to consider for medical trauma patients. These factors include the lighting and temperature of the rooms, the surrounding sounds, and certain odors that may be present.

Hall and Hall (2016) and Mahmood, Chaudhury, and Valente (2011) explained that bright lighting in a medical setting increases stress and causes poor sleeping conditions for the patients. However, if the lighting is too dim, it can cause poor performance from medical staff,

thus leading to a decrease in patient safety. **This demonstrates** a conflict between patient comfort and medical care requirements.

There are certain sounds that are heard in a medical setting that can cause a patient with trauma to become stressed, such as conversations in the hallways, restroom and television noise, opening and closing of doors, as well as beeping of medical equipment, such as monitors. In Baker's (1984) quantitative study, she found that the stress level of patient's in a medical trauma facility coupled with environmental factors in an Intensive Care Unit (ICU), tend to increase with prolonged exposure to noise. Additional quantitative studies have validated that excessive noise in hospital settings can increase stress and anxiety levels as well as prolong recovery in patients (Baker, Garvin, Kennedy, & Polivka, 1993).

Another important factor in the medical setting for a trauma patient is the temperature of the room. Hall and Hall (2016) noted that when a patient experiences trauma, "the body's thermoregulatory system can become affected, which can lead to an inability to maintain core body temperature," (p.137). Further, the temperature of a room also impacts the sleep quality of a trauma patient and can cause a sleep disturbance. In a quantitative research study of evening bedside care in a pediatric facility, Linder and Christian (2011) found the average temperature in most patients' rooms was 75 degrees, which was described as being the most conducive to sleep. Conflicting to the average temperature in a patient's room, Hall and Hall (2016) note that the Centers for Disease Control (CDC) recommend that in order to reduce the possibility of infection, specific rooms in a medical facility (e.g. operating rooms) must be kept between 68 and 73 degrees Fahrenheit. Thus, the temperature of a room is an essential aspect for medical staff to consider when attempting to normalize the temperature of a room in which a traumatized patient is staying.

Additionally, the smell or odor of a medial environment is an important factor to consider for a patient with medical trauma. Patients with medical trauma are exposed to a wide variety of odors throughout their stay and this “can be a potent psychological trigger throughout the rest of their hospital stay” (Hall & Hall, 2016, p. 138).

Staff and patient relationships. When a patient experiences a traumatic event, it is imperative for medical staff to understand the importance of communication. Communication style with their patients and other staff members demonstrate personal coping, emotional intelligence, empathy and participation in continued educational opportunities (Hall & Hall, 2016).

Avtgis, Polack, Martin, and Rossi (2010) elaborate on the importance of ongoing communication of medical staff members with patients with trauma and other team members in the medical setting. Hall and Hall (2016) suggest that when medical staff avoid addressing the effects of trauma, the message may be understood as “an emotional response is unimportant or unrelated to the overall wellness of the patient, which in turn can influence a client’s willingness to participate in their own preventive care, especially regarding mental health” (p. 108). Without staff sensitivity and communication with a patient who is in a medical trauma facility, the patient, family, and other staff members may have a decrease in awareness for patient care (Hall & Hall, 2016).

“The way in which medical staff members cope with medical traumas, everyday patient encounters, and conflict with other staff members can play a significant role in competence and quality of care as well” (Hall & Hall, p. 103). Additionally, Hall and Hall (2016) elucidate that it is essential for medical staff members to have emotional intelligence. Emotional intelligence is defined as when a “person is aware of the various emotional states within themselves and others”

(Hall & Hall, 2016, p. 108). Furthermore, because a person with emotional intelligence is able to distinguish their own emotional states with others, they are better able to manage their emotions in beneficial ways (Salovey & Meyer, 1990). When medical staff members have emotional intelligence, it aids in trust with the patient and helps build therapeutic relationships (Hall & Hall, 2016).

It is also important for staff members to have an understanding of what their patients are experiencing and to have staff empathy. Staff empathy expresses to the patient that staff members are actively listening, observing, and validating the patient, as well as making sure that the patient feels understood (Chen & Giblin, 2014; Hojat, Vergare, Isenberg, Cohen, & Spanddorfer, 2015). When a staff member demonstrates to a patient that they are empathetic, it aids in building a trusting relationship between the medical team and the patient, which further helps the patient's recovery process in a positive way.

Continued education for medical staff members is imperative when caring for patients who have experienced a traumatic event. Staff education includes training on how to handle medical errors, communication with patients, family members, colleagues, coping skills, stress and the psychological impacts of medical trauma, understand patient's experience and recovery process (Hall & Hall, 2016). Equally, Mosser, and Begun (2014) explain that when the patient's medical team involves the patient in their own treatment plan, the patient/staff relationship strengthens, and the patient feels supported; allowing for a positive experience during a vulnerable time.

Medical experiences. There is an array of medical experiences that a patient with trauma may experience including the involvement in medical procedures, diagnoses, and treatment approaches and these can cause lasting effects on their life. Hall and Hall (2016) explained that

patients with a previous medical history have certain expectations and perceptions of how their current medical experience will unfold. “When patients have past negative medical experiences, whether due to the care they received, the uncertainty they experienced, or simply because they were in a lot of pain, they can become primed to experience future care as negative, too” (Hall & Hall, 2016, p.57). Previous literature by Kutz et al., (1994) reiterated how past medical traumas effect present medical experiences because those exposed to medical difficulties had a greater threat for future traumatic involvements.

Previously admitted patients often feel powerless to battle illness on their own, and as a result are more likely to admit themselves to a medical facility prior to doctor consultation. (Hall& Hall, 2016). On the other hand, a reason for prompt admittance may be because a patient may also be familiar with a medical facility, their treatments, and procedures, and because of this they have built resiliency and support networks for themselves. Resiliency is defined as a person’s personality, how they handle situations and their ability to cope to certain stressors (Agaibi & Wilson, 2005). Bonnano (2004) suggests that resiliency is built when an individual learns how to cope with the stress inducing experiences resulting in a healthy and balanced emotional well-being. Past medical history impacts more than one’s physical body, Hall and Hall (2016) conclude that having previous medical experience impacts “one’s emotional health, psychological functioning, relationships, lifestyle, spirituality, and sense of self (p. 90).

Research on Identity

Identity is a broad topic. While an overview of identity literature is provided below, an emphasis is placed on art therapy and how it relates to the identity development of a graduate art therapist student. The identification of themes explored around identity research include

qualitative studies, which include phenomenological research, quantitative studies, mixed-methods and arts-based research.

Qualitative. A qualitative study is defined as “the collection of a variety of empirical materials- case study; personal experience; introspection; life story; interview... that describe routine and problematic moment’s and meanings in individuals’ lives” (Denzin & Lincoln, 2011, pp. 3-4). In qualitative literature on art therapy and identity, Thompson (2015) completed a study utilizing narrative inquiry as a method, which aimed to understand the client’s view of themselves as an artist and the therapist’s view of themselves as a client. Through this study, previous parts of the client’s identity that were denied are explored and later integrated, this is demonstrated by the client, “now endorsed having artistic talent, which she fervently denied prior to the study” (Thompson, 2015, p. 331).

In a qualitative study of how artistic expression influences chronic illness and identity, Reynolds (2003) utilized a semi-structured interview with ten participants ages 30-60 who engaged in narratives about identity-related issues, directed from grounded theory principles. The findings concluded that “therapists may derive some confidence in the power of artistic occupation to assist certain clients in their attempts to reclaim a satisfactory sense of self and identity during chronic illness” (Reynolds, 2003, p.126).

Similarly, in the health care field, Smith, Klassen, Coa, and Hannum (2015) conducted a qualitative study of cancer survivors and their identity. They used a two-part qualitative method; a structured questionnaire which followed a free-listing exercise, where each participant answered up to 10 statements of ‘Who am I?’ with pencil and paper. At the beginning of each interview, the interviewer used the participant’s responses to ‘Who am I?’ as a prompt for discussion of their personal experience with cancer (Smith et al., 2015). The two-part qualitative

method research revealed that some participants were cautious when using the word “survivor identity” (p. 464) because they wanted to protect themselves from possible return of the cancer. Meanwhile, other participants did not consider their cancer to be “serious enough to be a survivor” and therefore did not want to be associated with a label of identity related to their cancer (Smith et al., 2015, p. 464).

Within the realm of identity of adolescents, a qualitative study used mirrors decorated with images and words around the quote, “Who am I?” in an exhibition to raise awareness of “how culture, media, and life experiences may impact identity” (Ridley, 2015, p.133). Ridley (2015) further revealed that the mirrors provided an understanding into adolescent views on identity during the transitional stage of development from childhood to adulthood. Qualitative research on identity exists with many other populations including: Alzheimer's disease, prisoners, social work and professional identity, international medical doctors with language barriers, abortion, obesity, parents with mental illness, multiracial individuals, and veterans (Acero et al., 2017; Bombak & Monaghan, 2016; Borley & Hardy, 2016; Britton, Mercier, Buchbinder, & Bryant, 2016; Jones et al., 2016; Ranz, Grodofsky, & Abu, 2016; Acero et al., 2017; Haesen, Wangmo, & Elger, 2017; Mitchell, 2017; Newcomb, 2017; Skjeggestad, Gerwing, & Gulbrandsen, 2017).

Phenomenological. A phenomenological study is specific qualitative method of inquiry that probes the meaning of human experience through the narration of the participant (Kleinman, 2004). An interpretative phenomenological analysis of therapists’ personal experience and their identity conducted by Broadbent (2013) concluded that the participants had a range of challenges when attempting to make sense of their personal and social identities. Thus, it is important to establish an understanding of how past experiences can affect personal identity. Additional

populations that have been studied using a phenomenological approach to understand identity include: atheism, dementia, education, elderly, gender issues, LGBTQ, and spirituality (Carroll, 2001; Paul & Frieden, 2008; Joslin-Roher & Wheeler, 2009; Genoe & Dupuis, 2011; Dale, Söderhamn & Söderhamn, 2012; Jungert, 2013; Jarrett, 2016; Reisner, 2018). Specifically, Jarrett (2016) identified the use of phenomenological studies as an aide in the understanding of identity formation by exploring categories, which further help in the understanding of one's identity. Jarrett's (2016) results demonstrated a positive outcome in understanding the themes within an evolving identity. The results reported the identification of five themes: diverse, not fitting in, vulnerability, structure, and personality" (p. 61).

Quantitative. Quantitative research studies are defined as, "...discovering causal relationships or strength of relationships of differences between groups. Descriptive studies use quantitative data to describe a phenomenon" (Mertens, 2015, p. 127). In a longitudinal study, Orkibi (2012) used an internet survey to compare art therapy students in their first and last semester of graduate school. The areas that were examined include; "career commitment, professional identity, need for occupational and training information, and perceived environmental and personal barriers to career decision-making" (Orkibi, 2012, p. 129). Results from this study indicated that an art therapy student's professional identify and career commitment both increase between their first and last semester, however there may be a fluctuation in the degree of confidence of professional identity, potentially being due to having limited or specific population experience (Orkibi, 2012). Additionally, in a quantitative study that investigated the professional identity of family therapists, Kral (1992) used a survey questionnaire instrument, that resulted in family therapists' indicating that it takes up to five or six years to identify as being a professional family therapist "regardless of age or gender" (p. 77).

Similarly, LoBiondo (2015) studied Delaware school counselors' observations of their professional identity as active school counselors, utilizing an altered version of the School Counselor's Perceptions of Preparation survey (Schayot, 2008). The survey was comprised of four sections; demographics, professional identity, and graduate and undergraduate training (LoBiondo, 2015). The results indicated that, "professional identity occurs when individuals have a sense of pride for their chosen profession, seek avenues to perfect their skills, join professional associations and have an understanding of their role within the profession" (LoBiondo, 2015, p.149). Additional literature based on identity and quantitative studies have been found within the following populations: referrals between different health care professionals, correctional officers, online educators, and racial issues in adolescence (Millstein, 1997; Mathews, 2011; Simon, 2012; DeHaut, 2017).

Mixed method. Mixed method studies can be defined as, "using a methodological approach, in which the investigator collects and analyzes data, integrates the findings, and draws inferences using both qualitative and quantitative approaches in a single study or program of inquiry" (Tashakkori & Creswell, as cited in Creswell & Plano Clark, 2011, p. 4). Monrad (2013) examined identity using mixed method approaches, specifically utilizing the quantitative Burke-Tully theoretical approach, which measures "identity meanings, reflected appraisals, actions and emotions" (p. 350). The Burke-Tully approach uses "self-report measures with adjectives as descriptors (e.g. as a father I am hard)" (Monrad, 2013, p.354) and factor analysis to help show how one views their own self-meaning as a way to understand and align themselves with the responses of how others view them. Monrad (2013) revealed that by utilizing the Burke-Tully approach on the subject of identity, rather than solely a qualitative approach, such as narratives, or a quantitative approach, it offered at least two different perspectives of

understanding how one views themselves in reality, which further aided in the explanation of their own experiences.

A mixed method study on identity development of LGBTQ youth discovered that the internet plays a significant role in identity exploration because “the Internet allows youth to overcome or circumvent offline barriers, affording a greater degree of control over the process” (DeHaan et al., 2013, p. 431). Moreover, the participants in this mixed methods study believed that being online allowed for a more secure and supported atmosphere to explore their identity rather than an offline atmosphere (Cohler & Hammack, 2007; Savin-Williams, 2011; DeHaan et al., 2013.) Literature utilizing mixed methods approaches to understand identity have been found within the following categories: culture, religion, and gender-based violence amongst college women (Alisat & Pratt, 2012; Syed, 2017; Valentine, Geftter, Bankoff, Rood, & Pantalone, 2017).

Though there is literature on mixed methods and art therapy practices (Gerber, 2015), the researcher was unable to find studies specific to mixed methods and identity. However, a quantitative pilot study researching graduate creative arts therapy students’ and their identity formation recommend utilizing a mix method approach to study art therapists and their professional sense of identity (Orkibi, 2010).

Arts-based research. Arts-based research employs artistic forms and processes to discover and explore new understandings within a research context and set of purposes (Kapitan, 2010). “This approach to research uses the arts in order to disrupt the ordinary, which in turn stimulates change, transformation, and even transcendence” (Leavy, 2015, p. 20). Arts-based studies that explore identity have shown that it helps in the development of one’s understanding of the self as it pertains to continued personal and professional identity formation (McNiff, 1998;

Feen-Calligan, 2005; Para, 2008; Deaver & McAuliffe, 2009; Fish, 2012; Chilton & Scotti, 2014; Burke, 2015; Leavy, 2015; Jarrett, 2016). Further, Moon (2014) stated that creating artwork, “can reshape old concepts, construct new ideas, redefine attitudes, and introduce ways of understanding newly created meanings and identities. Additionally, arts-based research can be articulated as a creative practice by which one utilizes expressive forms to deliver meaning (Barone & Eisner, 2012).

Twenty Statement Test. Literature has also been established on the effectiveness of the Twenty Statement Test (TST) as it relates to providing information about one’s sense of self, gender, and cultural differences (Markus & Oyserman, 1989; Bochner, 1994; Dhawan, Naidu, Rettek, Roseman, & Thapa, 1995; Adams & Kurtis, 2015). Specifically, Adams and Kurtis (2015) used the TST for measurement of gender and friendship experience between different cultures. They changed the “I” to “we” in the directions of the TST and found that the, “TST may have activated context-particular, emic constructions of relationship associated with cultural ecologies of embedded interdependence” (Adams & Kurtis, 2015, p. 191). Jackson (1981) stated that the Twenty Statement Test (TST) is “the only widely used instrument for assessing identities” (p. 138).

The TST has also been used in identifying themes related to understanding the identity of a graduate student in an art therapy program (Jarrett, 2016). Utilizing the TST method allowed Jarrett (2016) to explore the subjective experience of identity in combination with the examination of artwork created while in a graduate art therapy program. Parallel to Jarrett (2016), Isbell, McCabe, Burns, and Lair (2013) employed the TST in a research study measuring self-concept and concluded that the TST allows concrete terms to be shown within one’s personal experience.

CHAPTER III

METHODOLOGY

The study conducted replicated the methodology of Jarrett's (2016) arts-based phenomenological study on identity. Jarrett's (2016) study used art making, the TST, and an interpretive phenomenological systematic analysis of self-concept to explore the evolving identity of a graduate student. This research is an extension of Jarrett's (2016) study with a focus on how past traumatic events may influence personal identity. The artwork captured the lived experiences and facilitated the TST responses. Combining the artwork with the TST allowed for an interpretive phenomenological systematic analysis (Matua & Van Der Wal, 2015; Jarrett, 2016), which was used to further understand themes regarding the participant's past trauma on personal identity (McNiff, 1998; Kleinman, 2004; Jarrett, 2016).

Location and Time

This study was conducted in a private office space at the pediatric hospital in a large metropolitan city. The location allowed the researcher a safe setting to process and contain any emotional reactions to the response art process.

This arts-based phenomenological study took place over six weeks, from January through February of 2018. Each session was 60 minutes in length. Forty-eight minutes were used for creating artwork and the remaining 12 minutes were used for completion of the TST.

Participants

This study was conducted by a 24-year-old art therapy graduate student who was enrolled in the second year of a Master's of Art in Art Therapy Program at Herron School of Art and Design, located in Indianapolis, Indiana.

Procedure and Materials

This arts-based phenomenological study collected data from the researcher's personal experience, therefore an informed consent or other recruitment materials were not required to conduct this study. Artwork created was completed at the end of each week. The beginning of each session entailed creating artwork in response to the participant's internship experience for that week. The participant was given 48 minutes to create art. Following art making, the researcher completed the TST and recorded data using the Twenty Statement Test Response Sheet (see Appendix A). A single unstructured interview was completed after the 6-week study. The directions from Kuhn and McPartland (1954) for completion of the TST are as follows:

There are twenty numbered blanks on the page below. Please write twenty answers to the simple question 'Who am I' in the blanks. Just give twenty different answers to this question. Answer as if you were giving the answers to yourself, not to somebody else. Write the answers in the order that they occur to you. Don't worry about logic or 'importance.' Go fairly fast, for time is limited. (p. 69)

The participant was allotted 12 minutes for this segment of the study (Kuhn & McPartland, 1954). The materials used to conduct this study were flexible to ensure the participant had a wide range to choose from when creating her weekly response art.

Data Collection and Analysis

Data was collected weekly for six weeks. The data included the TST statements, which are the subjective responses created in reaction to the artwork. The responses gained from the TST were used to develop themes to further understand the impact that previous traumatic experiences have on personal identity. The data gathered from the TST was categorized into themes by employing the descriptive phenomenological method of inquiry (Kleiman, 2004;

Jarrett, 2016). For the purpose of this study, Kleiman's (2004) descriptive phenomenological method of inquiry (see Appendix B) was used for the TST portion of the study, rather than interview responses.

At the end of the six-week study, the participant engaged in an unstructured interview with the participant's art therapy supervisor who has prior experience conducting unstructured interviews. The unstructured interview with the participant's supervisor served a systematic analysis purpose to find themes within the TST statements. The purpose of an independent reviewer is to detect significance and understanding of the data that was collected from the TST (Humphries & Jobson, 2012; Isbell et al., 2013; Bakouri & Staerklé, 2015; Jarrett, 2016). The unstructured interview was completed using the phenomenological method of inquiry to identify reoccurring themes within the TST statements, which were then applied to the participant's understanding of their identity as an art therapist.

Limitations

Limitations of the study include that findings cannot be generalized to a larger population because of the nature of this phenomenological study is a single case experience (Deaver, 2012; Chilton & Scotti, 2014). In addition, the timeframe allotted for this study was completed within a single academic semester, which consisted of 6 weeks of data collection.

Delimitations

A delimitation of this study includes the participant allowing her research to reflect working hospital wide and not with a specific pediatric population. The artwork and TST research process was completed in the outpatient area of the hospital and not on the inpatient units where the participant worked with patients. Furthermore, the participant did not identify specific materials for the art making portion of the study.

CHAPTER IV

RESULTS

The results of this research study provided the graduate art therapy intern with an increased understanding of the influences that past experience of being admitted in a pediatric hospital had on her identity as an art therapist in a pediatric hospital.

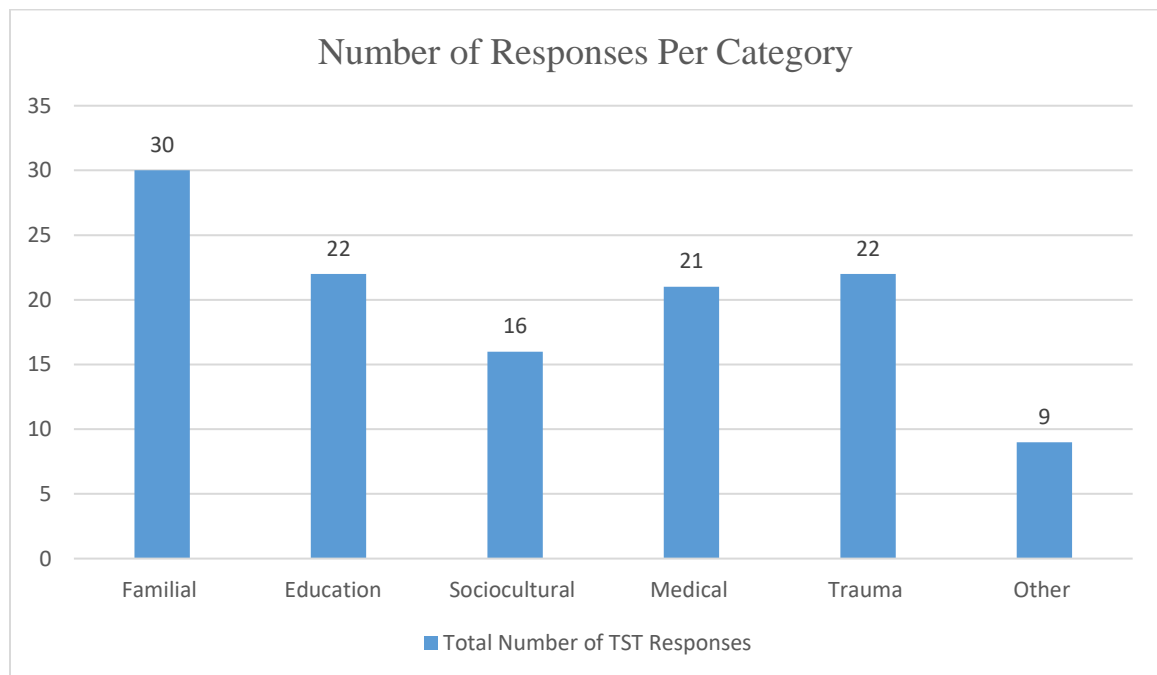


Figure 1. Represents the total number of responses from the TST in each initial category.

The categories were taken from the literature review and through a thematic analysis, themes were identified. The categories included “familial,” “educational,” “sociocultural,” “medical,” and “trauma” related influences. The “other” category was created to provide a space for those words that did not fit into any of the identified categories. The thematic analysis was conducted in an unstructured interview with the participant’s supervisor. First the words from the TST were organized into the pre-decided categories. Following that, the categories and

subsequent words were reviewed to create themes based off of the participant's experience. The full list of TST responses are organized within in each theme in Table K1 (see appendix K).

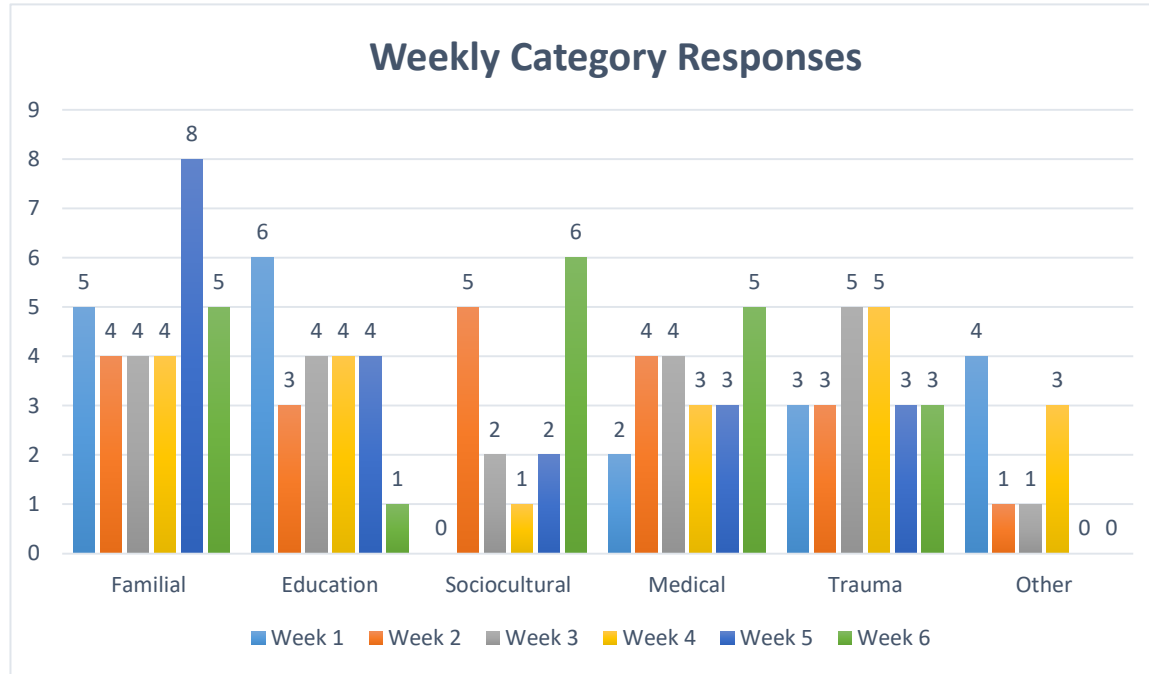


Figure 2. Weekly category responses represent the total number of TST responses each week based on the five initial categories.

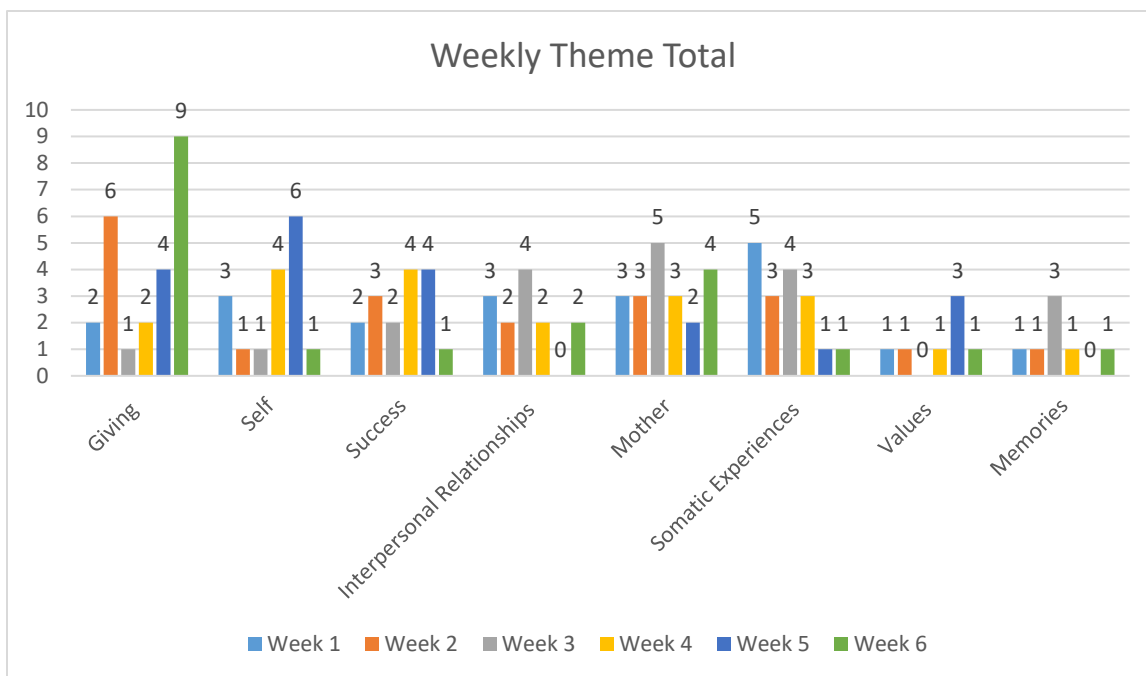


Figure 3. Represents the weekly theme total after the initial review, the responses placed in each category, including the “other” category, were re-categorized into themes. During the thematic analysis with the participant’s supervisor, the theme “giving,” was created by looking at the responses within the “sociocultural” category. The theme of “self,” “interpersonal relationships,” and “memories” emerged from the trauma category. The theme “success” derived from the “education” category. The “mother” and “values” theme evolved from the “familial” category. The original “medical” and “trauma” category merged into the theme of “somatic experiences.”

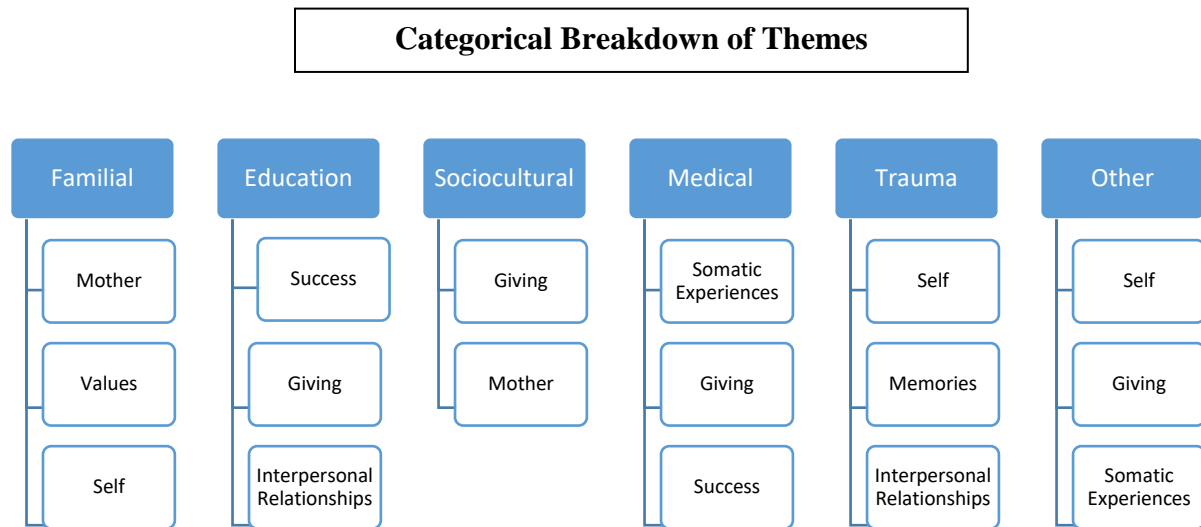


Figure 4. Each category is represented in blue and the themes that connect to each category are below in white.

When the participant connected themes to categories, many themes overlapped categories, and each is listed above. The figures and table listed above explain the results of the TST. The categories found from the literature review and allowed the participant to identify new themes through the data analysis.

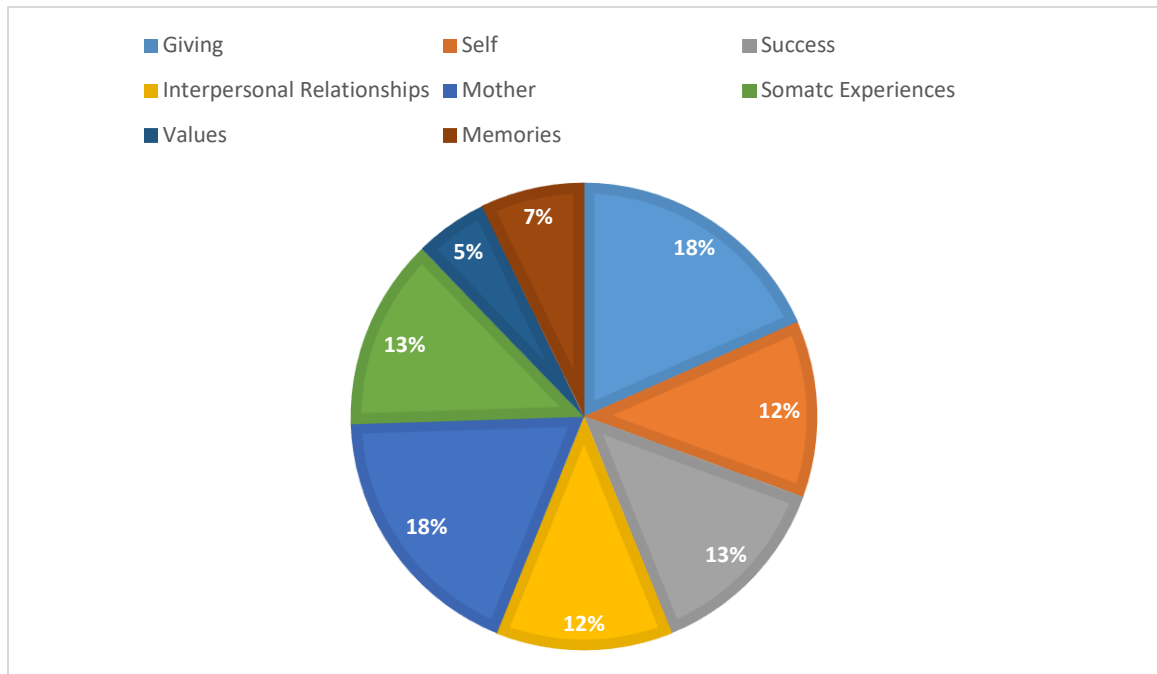


Figure 5. Displays the percentage of responses out of 120 total TST responses under each theme over six weeks.

The theme of “giving” included 22 statements (18%), “mother” included 22 statements (18%), “self” resulted 16 times (13%), “success” resulted 16 times (13%), “somatic experiences” resulted 16 times (13%) “interpersonal relationships” rose 14 times (12%), “memories” resulted 8 times (7%) and “values” rose 6 times (5%).

CHAPTER V

DISCUSSION

Methodology

Twenty Statement Test. The TST was completed each week following 48 minutes of art making. The data included the TST statements, which were the subjective responses to the created in reaction to the artwork. The responses gained from the TST were used to develop themes to further understand the impact that the participant's previous traumatic experiences have on personal identity. The data gathered from the TST was classified into categories and then into themes by employing the descriptive phenomenological method of inquiry (Kleiman, 2004; Jarrett, 2016).

The first three weeks of the study the participant did not have difficulty writing the responses to "I am" on the TST response sheet. However, the fourth through sixth week, the participant was challenged at times when writing responses as a result of emotionally taxing artwork prior to the TST. The participant found herself thinking about her artwork more during the 12 minutes of the TST rather than focusing on the TST. This could be due to the imbalance in time allotted for art making and TST. Additionally, the participant also preferred the art making rather than the subjective writing experience of the TST, which could be a result of her studio art background, as well as being able to express herself through familiar art materials.

The TST responses were classified during data analysis with the participant's supervisor in the unstructured interview process. The TST statements were truthful in revealing the participant's identity. During the classification of the data analysis, the participant was not surprised to find that her mother had a large impact in the familial category. However, viewing the amount of responses under different categories was interesting to find that many of them were also influenced by the participant's mother.

The TST allowed the participant to comprehend how she was communicating with her patients. During this study, the participant wrote responses such as “intuitive,” “experiences,” “connected to others,” “friendly face,” “care for others,” “voice for others,” “help others,” “dependable,” “educated,” “compassionate,” “empathetic,” “understanding,” “shoulder to lean on,” “holding others pain,” “sincere,” and “present.” Although the participant had already incorporated those responses into her clinical work prior to the TST, these TST responses showed the participant how much of an influence they had on her sense of self.

Artwork. Creating the artwork each week was a way that the participant could express how she viewed her own identity. This study was conducted in a private office space at a pediatric hospital in a large metropolitan city. The location of the study had a variety of art materials for the participant to choose from each week. The participant chose the media each week based on what she was emotionally drawn to. The participant had a background in studio art and was familiar with all materials she chose to work with. Each week the participant began the process of art making by discovering different materials in the art therapy office space. She also listened to classical music during the art making. It was normal for the participant to listen to classical music while creating artwork, as this was how she often created art. The music also decreased the distraction of when staff members would come into the office while the participant was creating artwork and writing responses to the TST.

In the first week of data collection, the participant utilized watercolor pencils, water and watercolor paper. The participant created artwork that showed herself accepting and allowing her personal experience to blend with her professional identity. This was challenging for the participant, as she has tried to separate her personal and professional experiences from each other in the past. The results indicated that the theme of “mother” was the highest influence during the

first week of TST responses, which parallels with the participant having a secure attachment with her mother. The participant had many phone calls to her mother during the first week of the study, showing how her mother's support was important in her personal and professional identity development.

The materials used during the second week included a pre-cut mask, acrylic paint, a medical mask and jewels. At the time of the art making, the participant wanted to express how her identity has been impacted by a medical diagnosis. Although the participant lives with her diagnosis each day, she still had a felt sense of the diagnosis changing her sense of self, which has further been impacted by her identity working as a professional in a hospital. The theme that had the greatest influence in the second week was "giving." Throughout the second week, the participant wanted to express to others how she can professionally relate to and positively impact her patients at the hospital, from her previous medical experiences.

During the third week of data collection, the participant had a particularly difficult week with learning new roles and a lack of communication at her internship with other staff members. The materials used included black paper, acrylic paint, medical syringes, and medical test tubes. The participant used these materials as a way to bridge the medical population with creative arts. The participant felt extremely out of place at her clinical placement during this week and it was challenging for her to work through these emotions by herself while she was creating the artwork. The TST response sheet aided in the articulation of how the participant was feeling when she was creating the artwork. Additionally, the participant had close contact with her mother in the third week, which corresponds with the theme of 'mother' being the greatest influence that particular week.

The materials used in the fourth week included panel canvas and water-soluble oil pastels. The participant expressed how her medical diagnosis impacts how she physically feels each day and where pain occurs within her body. During the fifth week of the study, the materials used included a wooden shadow box, paper, stickers, jewels, and acrylic paint. The participant chose mixed media as a way to creatively express a safe space for herself for when she feels a lost sense of professional identity, which she felt in the previous week of this study.

The fourth and fifth week of data collection, the participant felt more in charge of her own identity and had a sense of knowing who she was while at her clinical internship placement. The participant was able to verbally discuss her emotions with her supervisor/independent reviewer following the third week, which led to an increased ability of understanding where she stood with her professional sense of self. A theme that influenced the participant in the fourth week was “giving” and “self” which relates to the participant finding her voice at her internship and having more confidence in her professional identity. Further results indicated that the theme of ‘somatic experiences’ rose as the highest influence during the fifth week, which resembles how the participant was attempting to correlate her medical diagnosis with her professional sense of self.

The sixth and final week of data collection, the participant used collage material and panel canvas. The participant depicted how she was balancing different personal and professional situations in her life. Congruent with balancing personal and professional identities, the theme of “giving” was the highest influence. The participant was giving her best to each person she came into contact with at her internship, as well as in her personal relationships.

The artwork, TST and phenomenological thematic analysis gave the participant a deeper understanding of how her previous medical and traumatic experiences influenced her personal

and professional identity. Kandel (2012) stated that visual art stimulates many specific and sometimes contradictory emotional signals in the brain, generating memories. The participant was able to relate to certain patients and their experiences throughout her internship because of her previous and similar experiences of being a pediatric medical patient. Moreover, the participant was able to better understand her patient's needs while they were in the hospital and was able to provide the emotional care, communication, validation and support that the patients desired.

Themes

The eight themes that emerged as a result of this study correlate with the literature previously mentioned. This study sustained the data of previous research, identifying that familial, sociocultural and educational influences impact one's evolving identity, while also permitting more themes to emerge from the influence of medical trauma. The participant replicated Jarrett's (2016) methodology:

The Interpretive Phenomenological Framework of Identity Exploration was developed based on the data gathered throughout this research to explore an individual's evolving identity. It utilizes a multi-step process of art making, employing the Twenty Statement Test (TST) to provide subjective statements to the art, and utilizing interpretive phenomenology to describe, understand, and interpret the phenomenon (p.43).

Personal Identity

The participant noted different aspects of her personal identity formation within this study. This study gathered information that allowed the participant to gain insight into how her personal identity influences her professional identity working as an art therapist. Personal experiences and qualities are thought to be important to art therapists because they correlate with

an art therapists' role of understanding and helping others through their own experiences (McNiff, 1986; Robbins, 1992; Gonzalez-Dolginko, 2000).

Familial influence. Each week of the study was influenced by the participant's family dynamics. The participant was an adolescent during her pediatric medical and trauma experiences. The participant's family during her hospital stay provided the participant with a strong sense of support even after she left the hospital. Family members brought the participant food, gifts and cards when they would visit the participant in the hospital and at home after she was discharged. The participant's mother and father stayed in the participant's bedroom each day and night that she was hospitalized and provided verbal and nonverbal support throughout her hospital stay. The long-term effects of the participant's family support during that difficult time in the participant's life show in the results of this study by the amount of times the category of familial rose. Each week the category of familial was influenced by the TST responses, as shown in the results by the lowest number familial influence resulting four times during the second, third and fourth week. The highest number of responses that were influenced by the participant's family were during week five, with eight responses connecting to familial influence. Bregman, Malik, Page, Makynen, and Lindahl (2012) reinforced the results of this study by expressing that adolescents who recognize support from parents are believed to have an increased self-worth. The participant has a strong support system within her family, which has aided in her ability to express how their influence has impacted her identity.

Role of caregiver in attachment. During the analysis, the participant and her supervisor discovered that many of the familial influences stemmed from the participant's attachment with her mother and therefore the theme of mother arose. Procaccia, Veronese, and Castiglioni (2014) supported how a mother's relationship with a child is critical and plays an important role in the

development of the child's personal identity. They found that attachment style was closely related to the constancy of one's self-image and the demonstration of their surrounding relationships, as well as how those around them express their own identity (Procaccia, Veronese, & Castiglioni, 2014). It is possible that the participant's secure attachment with her mother allowed her to recognize how past trauma influenced her current identity working in a pediatric medical facility. From the time the participant was an infant, she has had a secure attachment with her mother. While the participant was hospitalized, her mother was at bedside each day and was an extremely large support for the participant. For example, the participant's mother would provide a sense of nonverbal communication with the participant by bringing art supplies to the hospital for the participant to express her emotions. The participant's mother would also advocate for the participants care when the medical team would not take the participant's concerns or physical needs seriously. While at her internship, the participant was able to witness many different attachment styles between children and their caregivers during their hospital stay. It is evident to the participant that the secure attachment with her mother made an impact on her personal identity which then influenced her professional identity as an art therapist.

The participant noticed the responses on the TST sheet paralleled with the therapeutic style she used with her patients. On many occasions the participant would be the only person in the room with the patient during therapy sessions, which led the participant to partake in a caregiver role. The theme of "giving" and the TST responses that correspond with giving included the following: holding space, friend, worthy, therapist, shoulder to lean on, voice of reason, inspired by those who make it, friendly face, willing to try new things, pleaser, hopeful, able, and serving. These TST responses brought a new awareness to the participant, as she was able to understand how impactful her work, support, and trusting relationship with patients were.

The participant was able to serve as caretaker during therapy sessions as well as a therapist because of the secure attachment that she mirrored from her mother. The participant would help patients when they would become sick, many times before other medical staff could be of assistance. It is the mirrored secure attachment that the participant had with her mother, her medical experience, and her ability to establish a trusting relationship with her patients, which led to an empathetic understanding of her patients.

The theme “mother” and the TST responses that correspond with the participant’s mother allowed the participant to see how she was serving as a caregiver in times of need. The TST responses include the following: compassionate, loving, empathetic, depended on, surrounded with support, humor, optimistic, friend, teacher, and instinct. Prior to the study, the participant was already incorporating the sentiment of these responses in her work as a therapist; however, the TST responses allowed the participant to comprehend the extent to which her mother, family, values, and past experiences attributed to her personal and professional sense of self.

Location eliciting memory. This process brought about the participant’s memories of being a patient in a pediatric hospital. Hilton and Liu (2005) recognized that one’s previous experience affects their present. Their study concluded that the history of an individual influences identity formation within a social environment (Hilton & Liu, 2005). During week four of the study, the participant felt overwhelmed by many aspects of her internship and graduate course work. This sense of feeling overwhelmed, reminded the participant of feeling overwhelmed when she was hospitalized. The TST responses that influenced the participant’s memory during this time were: “emotional,” “unbalanced,” “looked at as normal,” “cracking apart,” “weak but strong,” and “put up a face.” There were times during the study that the participant would have flashback memories of lying in a hospital bed and could remember how it

felt to be stagnant for a long period of time in a sterile environment. It was through these flashbacks that the participant was able to be more aware of how to approach patients and understand their process on a deeper level. When the participant was in a session with a patient, she would have memories of art making in the hospital as well. The memories of creating artwork elicited many specific emotional signals to the participant that further aided her ability to relate to and understand how the patient was feeling. Moreover, exploring personal identity through the healing properties of art aided in the processing of memories, which led to an understanding of how one can process their own trauma within a triggered setting.

Professional Identity

The participant's professional identity was understood by looking at her family dynamics, attachment style, personal characteristics, values, education, and relationships. Junge (2014) underscored the elements of an art therapy student's identity formation by explaining that an individual's identity is shaped through education, training, and relationships with professors, mentors and clinical supervisors, as well as a variety of cultural and contextual influences.

Educator roles. The participant's education at the graduate level influenced her professional identity by having professors, supervisors, and advisors who allowed time and a safe space for self-reflection. Bolton (2006) stated that students should have opportunities to reflect on and cultivate professional identity in order to better understand their roles and responsibilities in the work environment. The participant was able to better understand what caused her stress levels, how to cope with stress, and understand her style of counseling, as well as her counter transferences that affected her patients. The education, success and interpersonal relationship themes that emerged in the results section of this study were impacted by the support or lack of support that she received during each week of the study. These themes were also

formulated from the participant's inter-professional collaboration with her supervisors and other staff members at the hospital. Inter-professional collaboration is "whereby professionals who contribute to patient/clients care, collaborate to provide integrated health and social care provision across a range of services" (Watts & Jones, 2000, p. 378). The participant's inter-professional collaborations with staff members at the hospital were partially influenced by her weekly artwork and corresponding TST responses. At times communication at the participant's internship with other staff members was inconsistent with how the participant prefers to communicate. This disconnect in communication style challenged the participant's values and sense of self and resulted in TST responses such as "I am taken advantage of," "I am overwhelmed," and "I can only hold so much." This disconnect in communication style with staff members led to miscommunications between staff members and patients. Masdon stated a medical family therapists' role is to provide the patient and their family with support and hope, which also allows for an expansion of "understanding the problem and helps explore possible solutions that best fit their family where they are right now" (as cited in Metcalf, 2011, p.373). The participant assumed the role as an educator at times when her patients were confused and needed additional support, in order to better help their needs.

Sociocultural competence. At the time of this study, the participant was seeing multiple patients with a variety of different background and cultures. The education and value components coexist with this emerging theme because the participant has had classes, training and experience with a multitude of people and situations. Specifically, the participant experienced a traumatic event in her life, which led to the development of a clear understanding of how her past trauma effects how she handles different situations and in particular, her demeanor and body language when a patient is experiencing a traumatic event. A person who

experiences a traumatic event in childhood may find themselves feeling like an outsider, confused and potentially becoming socially marginalized (Clark, 2003). Based on the participant's TST responses, such as: "help others," "care for others," "friendly," "helpful," "teacher," "serving," "organized," "depended on," "loving," "empathetic," and "voice to others," her communication style was reinforced in her therapeutic relationship with her patients by seeing the responses on the TST sheet. The participant's communication style originates from an empathetic perspective, as she has an understanding of what her patients are experiencing to a certain degree, through her previous medical experiences. This empathetic voice may not have existed had it not been for her medical experience or the structure and support from the participant's supervisors, her strong familial influence and secure attachment with her mother. Accordingly, it was important that the participant realize how the influences of her identity affected her ability to communicate with others who were experiencing a medical or traumatic event.

Additionally, Moon (2014) supported how the professional art therapist can practice sociocultural competence by explaining the effects of creating artwork for themselves. "Art provides a channel for communication and gives visual permission for viewers to face issues from which they are accustomed to turning away" (Moon, 2014, p.106). The participant brought additional attention to her personal awareness and personal competencies when working on her artwork and TST after having art therapy sessions with patients and their caregivers at the pediatric hospital. The participant's experiences of being a pediatric medical patient aided in her ability to discuss patient and family experiences and emotions related to their trauma and hospital stay. Specifically, when the participant came in contact with a patient that had a similar diagnosis as herself, her ability to communicate and build a therapeutic relationship improved, as

she was able to recall how she felt in her previous medical experiences and understood what the patient or their family needed at that time.

Medical Influences

The category of medical and trauma was narrowed down to a theme of somatic experiences because responses such as “pain,” “tired,” and “pins and needles” were feelings that were intertwined with the medical and traumatic experience. In the fourth week of the study, the participant was actively experiences medical symptoms related to her diagnosis and had a difficult time articulating her needs and how she was feeling. The artwork during the fourth week allowed the participant to express the areas of pain that she was feeling and provided a space to discuss her experiences with somatic pain during the analysis process. The theme of “self” also derived from the medical category as certain TST responses such as “confident,” “flawed,” “bold,” “complex,” “human,” “real,” and “hold so much” elicited attributes of the participant that she connected to her previous pediatric medical experience.

Medical environment. The location of the participant’s internship is similar to her experience as a pediatric medical patient when she was a teenager. The physical environment of the hospital led to certain sensations that were felt within the body of the participant. Hall and Hall (2016) and Mahmood, Chaudhury, and Valente (2011) explained that bright lighting in a medical setting increases stress in patients. The participant found the same to be true for herself as a staff member. TST responses that correlate with the medical environment included: “experience,” “fatigued,” “achy,” “finding a way to make it work,” “look as normal,” “pain all over,” “brave,” and “don’t give up.”

The exteroceptive and interoceptive systems “encode sensory information into our memory and, when a trauma occurs, these memories— along with their corresponding sensations

and emotions— can be recalled and lead to psychophysiological arousal” (Hall & Hall, 2016, p. 124-125). There were many times that the participant would have to stop walking in the hallway due to certain lighting, smells, and sounds, which reminded her of her past experiences. The bright lighting of hallways in the hospital would often cause the participant to have to stop and let her eyes adjust. At times, the bright lighting caused dizziness, which impacted her ability to focus on work related tasks until her eyes could become fully attuned to the brilliance of the lighting.

During the beginning of her internship at the hospital, the participant would become hyperaware of monitors beeping in a patient’s room. This caused increased anxiety, although with prolonged exposure this anxiety decreased and at times was not as prevalent of a trigger as when the participant first started seeing patients. This experience supported the quantitative study by Baker, Garvin, Kennedy, and Polivka (1993) which validated that excessive noise in hospital settings can increase stress and anxiety levels. Additionally, the sounds of screaming and patient’s verbalizations of pain triggered pain within the body of the participant.

The research also found that the temperature of the patient room effected the experience as a whole. During this study, the researcher found that on average the temperature of the patients’ rooms was higher than in the remainder of the hospital, especially in the cafeteria and the hallways. This may support the findings by Hall and Hall (2016) where they noted that when a patient experiences trauma, “the body’s thermoregulatory system can become affected, which can lead to an inability to maintain core body temperature” (p.137). The may also be related to the temperature of a room needed for adequate sleep because temperature also impacts the sleep quality of a trauma patient and can cause a sleep disturbance (Hall & Hall, 2016). The participant found it difficult to regulate her own body temperature while she was at her internship which was

a reminder of her own experience in a pediatric hospital. This fluctuation between the warm patient rooms and the cool office spaces found the participant to be uncomfortable as she would fluctuate from periods of sweating to having the chills.

The smell of certain objects and places in the hospital reminded the participant of when she was a patient. Hand sanitizer and cleaning wipes were the strongest odors that became triggers for the participant during her study. The participant was required to apply hand sanitizer before entering and when exiting patient rooms. At times, the constant state of smelling hand sanitizer reminded the participant of when doctors, nurses, and staff would come into her room as a patient. Patients with medical trauma are exposed to a wide variety of odors throughout their stay and this “can be a potent psychological trigger throughout the rest of their hospital stay” (Hall & Hall, 2016, p. 138). The participant remembers the cold hands after the nurses and doctors would put on hand sanitizer before touching or giving the participant the care that she needed. This experience served as a reminder for the participant and she used it to help guide her interactions with the patients. She would allow the hand sanitizer to dry before entering the patient’s room in order for the scent to fade. Additionally, the odor of foods lingering in the hallways and in patients’ rooms at times caused the participant to feel nauseous, which was reminiscent of the participant’s experience as a pediatric medial patient.

Staff/patient relationships. The medical category influenced the theme of interpersonal relationships as the participant witnessed communication styles between patients and staff members at the hospital, as well as, a lack of communication between staff members. Communication style with their patients and other staff members demonstrate personal coping, emotional intelligence, empathy and participation in continued educational opportunities (Hall & Hall, 2016).

Avtgis, Polack, Martin, and Rossi (2010) elaborated on the importance of ongoing communication of medical staff members with patients with trauma and other team members in the medical setting. The participant noticed that when staff members were not aware of the patient's concerns, the patient would become distressed. Many times, patients would express to the participant that they felt as if other staff members did not care about their concerns. This was supported by Hall and Hall (2016) noting that when medical staff avoid addressing the effects of trauma, the message may be understood as "an emotional response is unimportant or unrelated to the overall wellness of the patient, which in turn can influence a client's willingness to participate in their own preventive care, especially regarding mental health" (p. 108).

The participant was a helping hand in times of distress to patients when medical staff would use difficult terminology, relay inconsistent information, and/or discuss the diagnosis differently with team member than with patients. The theme of 'giving' elicited TST responses such as "friendly face," "hopeful," "voice to others," "helpful," "care for others," "sincere," "giving," "serving," "shoulder to lean on," and "holding space," which demonstrated emotional intelligence and empathy towards patients going through difficult situations. When medical staff members have emotional intelligence, it aids in trust with the patient and helps build therapeutic relationships (Hall & Hall, 2016). Through the participant's practice of emotional intelligence, she found that a trusting bond was created.

It is important for staff members to have an understanding of what their patients are experiencing and to have empathy. Staff expressing empathy to the patient demonstrates that they are actively listening, observing, and validating the patient, as well as making sure that the patient feels understood (Chen & Giblin, 2014; Hojat, Vergare, Isenberg, Cohen, & Spanddorfer, 2015). During therapy sessions, the participant remembered what it felt like to be a

patient and became aware of how the roles have reversed. Through this experience, the participant was able to hone her listening and observation skills, as she once remembered what it was like when staff members did not pay attention to her specific needs or what she had to say as a patient. When a staff member demonstrates to a patient that they are empathetic, it aids in building a trusting relationship between the medical team and the patient, which further helps the patient's recovery process in a positive way.

The participant also attended additional trainings geared towards communication skills for patients and their caregivers during times of termination or end of life. Mosser & Begun (2014) reiterated that additional training aids staff members when the patient's medical team involves the patient in their own treatment plan, the patient/staff relationship strengthens, and the patient feels supported; allowing for a positive experience during a vulnerable time. During the participant's internship, some patients expressed that they wanted their medical team to discuss her treatment plan with them, rather than to their caregivers outside of their room. The participant found that communicating not only with the medical staff but also the patient regarding their progress was important for maintaining quality patient care.

Medical experiences. Additionally, the theme of somatic experiences rose from the medical category. The participant witnessed many patients in physical pain and as a result impacted the participants experience as she could vividly remember the many times that she was in physical pain in a hospital. The participant was able to see how multiple medical experiences affect a patient and their overall view of their stay including: different tests, surgery, having multiple diagnoses at the same time and different treatment approaches from different special care teams. These experiences caused the participant to be aware of patient's body language, which was helpful when communicating with other staff members about the patient's care.

Hall and Hall (2016) explained that patients with a previous medical history have certain expectations and perceptions of how their current medical experience will unfold. “When patients have past negative medical experiences, whether due to the care they received, the uncertainty they experienced, or simply because they were in a lot of pain, they can become primed to experience future care as negative, too” (Hall & Hall, 2016, p. 57). The TST responses that correlate with the theme of medical experiences include: “vivid traumatic memories,” “connected to others,” “fighter,” “weak but strong,” “experienced trauma,” aware of surroundings,” “tired,” and “finding a way to make it work.” Through the participant’s past medical experiences, she had certain expectations and perceptions of how procedures would unfold for patients from her previous medical experience and therefore had to be aware of not projecting her experiences onto her patients.

Research on Identity

Through the review of qualitative, phenomenological, and arts-based studies, the participant was able to grasp how to approach her study and thus gathered information that lead to an in-depth understanding of her personal and professional identity. Arts-based studies that explore identity have shown that it helps in the development of one’s understanding of the self as it pertains to continued personal and professional identity formation (McNiff, 1998; Feen-Calligan, 2005; Para, 2008; Deaver & McAuliffe, 2009; Fish, 2012; Chilton & Scotti, 2014; Burke, 2015; Leavy, 2015; Jarrett, 2016). Additionally, an interpretative phenomenological analysis of therapists’ personal experience and their identity conducted by Broadbent (2013) supported the participant’s experience of feeling overwhelmed at times. Broadbent (2013) concluded that the participants had a range of challenges when attempting to make sense of their

personal and social identities. Thus, it was important to establish an understanding of how impactful past experiences effect personal identity.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

This research study explored how personal and professional identity are molded from past medical trauma and its influence on current identity development. The purpose of this research was to gather more information of the identification of themes through the replication of Jarrett's (2016) methodology. The participant sought to extend how Jarrett's (2016) themes were influenced by past trauma as it relates to clinical experiences. The purpose of extending Jarrett's (2016) study was to get a better understanding of how past traumatic experiences influence one's identity working in a pediatric medical facility. The researcher utilized the themes that Jarrett (2016) found; familial, sociocultural, and educational, as a framework for the early development of data analysis. As a result of this process, further themes evolved in the understanding of how traumatic experiences influence one's identity. It was hypothesized that the researcher's pediatric medical experience would influence the artwork, TST, and that past experience on personal identity would be identified.

The methodology used was an arts-based phenomenological study. It was conducted utilizing three parts: art making, the TST, and the application of an interpretive phenomenological systematic analysis. The results of this arts-based phenomenological study support that the amalgamation of art making, the TST, and an interpretive phenomenological systematic analysis extended Jarrett's (2016) "framework that facilitated the exploration of the evolving identity" (p.61). This study supported Jarrett's (2016) influences on identity in the categories of familial, sociocultural, and educational, but also extended influential categories to medical, trauma and one's memories. The results of this study indicated key themes: 'giving,' "self," "success," "interpersonal relationships," "mother," "somatic experiences," "values" and "memories."

This phenomenological arts-based study expanded the participant's awareness of how the themes found impacted her personal and professional identity. The themes in this study that were found aided in the participant's identity development past the categorical influences of familial, sociocultural, and educational, medical, trauma and memories. In conclusion, the participant is more aware of how her past experiences impact her current identity working as an art therapist at her graduate level clinical placement of a pediatric hospital.

Recommendations

Clinical implications. The participant recommends that the data collection location have someone in the room with the participant that they trust. While the participant of this study was in a semi-private space, the participant did not have a supervisor or person she trusted in the space while she was making art or completing the TST. The participant would have liked the opportunity to discuss her process, emotions and thoughts with someone during the data collection, rather than waiting until the thematic analysis to discuss with her independent reviewer. Finally, it is recommended that the participant have a specific amount of materials to choose from each week. The participant enjoyed the option of choosing her materials each week based on her reactions to her site with her personal experience, although she spent time contemplating and exploring different materials. The participant believes that it would be beneficial to have a pre-assorted amount of materials laying out to choose from each week rather than spending unnecessary amounts of time contemplating which material to use.

Future research. A recommendation for future research would be to explore the pain in the body and how one's pain is connected to their trauma while looking at how the pain in the body affects how one views their identity. Another recommendation would be to include how one's personal defenses are used within the process of understanding their own identity. Finally,

future research may include the significance of self-care, death, grief, bereavement, and workplace burnout within the pediatric medical population and how they may influence personal and professional identity.

CHAPTER VII

REFERENCES

- Acero, R., Cano-Prous, A., Castellanos, G., Martín-Lanas, R., & Canga-Armayor, A. (2017). Family identity and severe mental illness: A thematic synthesis of qualitative studies. *European Journal of Social Psychology*, 47(5), 611-627.
- Adams, G., & Kurtiş, T. (2015). Friendship and gender in cultural-psychological perspective: Implications for research, practice, and consultation. *International Perspectives In Psychology: Research, Practice, Consultation*, 4(3), 182-194.
- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum
- Agaibi, C., & Wilson, J. (2005). Trauma, PTSD, and resilience: A review of the literature. *Trauma, Violence, & Abuse*, 6 (3), 195– 216.
- Alisat, S., & Pratt, M. W. (2012). Characteristics of young adults personal religious narratives and their relation with the identity status model: A longitudinal, mixed methods study. *Identity*, 12(1), 29-52.
- American Art Therapy Association. (2017). *The profession*. Retrieved from https://www.arttherapy.org/upload/2017_DefinitionofProfession.pdf
- Avtgis, T. A., Polack, E. P., Martin, M. M., & Rossi, D. (2010). Improve the communication, decrease the distance: The investigation into problematic communication and delays in inter-hospital transfer of rural trauma patients. *Communication Education*, 59(3), 282-293.
- Baker, C. (1984). Sensory overload in the ICU. *Critical Care Quarterly*, 6 (4), 66– 80.

- Baker, C., Garvin, B., Kennedy, C., & Polivka, B. (1993). The effect of environmental sound and communication of CCU patients' heart rate and blood pressure. *Research in Nursing and Health*, 26, 415–421.
- Bakouri, M., & Staerklé, C. (2015). Coping with structural disadvantage: Overcoming negative effects of perceived barriers through bonding identities. *British Journal Of Social Psychology*, 54(4), 648-670.
- Barone, T., & Eisner, E. W. (2012). *Arts based research*. Los Angeles, CA: Sage
- Bartoszuk, K. & Pittman, J. F. (2009). Profiles of identity exploration and commitment across domains. *Journal of Child and Family Study*, 19, 444-450.
- Bochner, S. (1994). Cross-cultural differences in the self-concept: A test of Hofsted's individualism/collectivism distinction. *Journal of Cross-Cultural Psychology*, 25, 271-283.
- Bolton, G. (2006). Narrative writing: Reflective enquiry into professional practice. *Educational Action Research*, 14(2), 203–218. doi:10.1080/09650790600718076
- Bombak, A. E., & Monaghan, L. F. (2016). Obesity, bodily change and health identities: A qualitative study of Canadian women. *Sociology of Health & Illness*, 39(6), 923-940.
- Bonnano, G. A. (2004). Loss, trauma and human resilience. *American Psychologist*, 59 (1), 20–28.
- Borley, G., & Hardy, S. (2016). A qualitative study on becoming cared for in Alzheimer's disease: The effects to womens sense of identity. *Aging & Mental Health*, 21(10), 1017-1022.
- Bosma, H. A., & Kunnen, E. S. (2001). Determinants and mechanisms in ego identity development: A review and synthesis. *Developmental Review*, 21, 39-66.

- Bouizegarene, N., & Philippe, F. L. (2016). Episodic memories as building blocks of identity processing styles and life domains satisfaction: Examining need satisfaction and need for cognitive closure in memories. *Memory*, 24(5), 616-628.
- Bowlby, J. (1973). *Attachment and loss, vol. 2. separation: Anxiety and anger*. New York: Basic Books
- Bregman, H. R., Malik, N. M., Page, M. L., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal Of Youth And Adolescence*, 42(3), 417-430.
- Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed.; pp. 102–127). New York: Guilford.
- Britton, L. E., Mercier, R. J., Buchbinder, M., & Bryant, A. G. (2016). Abortion providers, professional identity, and restrictive laws: A qualitative study. *Health Care for Women International*, 38(3), 222-237.
- Broadbent, J. R. (2013). 'The bereaved therapist speaks'. an interpretative phenomenological analysis of humanistic therapists' experiences of a significant personal bereavement and its impact upon their therapeutic practice: An exploratory study. *Counselling & Psychotherapy Research*, 13(4), 263-271.
- Broderick, P. C., & Blewitt, P. (2015). *The life span: Human development for helping professionals* (4th ed.). Boston, MA: Pearson.
- Brott, P. E., & Myers, J. E. (1999). Development of professional school counselor identity: A grounded theory. *Professional School Counseling*, 2, 339-349.

- Bruss, K. V., & Kopala, M. (1993). Graduate school training in psychology: Its impact upon the development of professional identity. *Psychotherapy*, 30(4), 685–691.
- Burke, B. L. (2015). *A theoretical framework for journaling in graduate art therapy education curriculum* (Master's thesis). Indiana University Purdue University.
- Carroll, B. (2001). A phenomenological exploration of the nature of spirituality and spiritual care. *Mortality*, 6(1), 81-98.
- Chen, M., & GIBLIN, N. J. (2014). *Individual counseling skills and techniques* (2nd ed.). Denver, CO: Love Publishing Company.
- Chilton, G., & Scotti, V. (2014). Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy. *Art Therapy*, 31(4), 163-171.
- Clark, C. D. (2003). *In sickness and in play children coping with chronic illness*. New Brunswick, NJ: Rutgers University Press.
- Cohler, B., & Hammack, P. (2007). The psychological world of the gay teenager: Social change, narrative, and “normality.” *Journal of Youth and Adolescence*, 36, 47–59.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Dahl, B. M., Clancy, A., & Andrews, T. (2014). The meaning of ethically charged encounters and their possible influence on professional identity in Norwegian public health nursing: A phenomenological hermeneutic study. *Scandinavian Journal Of Caring Sciences*, 28(3), 600-608.
- Dale, B., Söderhamn, U., & Söderhamn, O. (2012). Life situation and identity among single older home-living people: A phenomenological–hermeneutic study. *International Journal of Qualitative Studies on Health and Well-being*, 7(1), 18456.

- Deaver, S. P., & McAuliffe, G. (2009). Reflective visual journaling during art therapy and counseling internships: A qualitative study. *Reflective Practice*, 10(5), 615–632.
- DeHaan, S., Kuper, L. E., Magee, J. C., Bigelow, L., & Mustanski, B. S. (2013). The interplay between online and offline explorations of identity, relationships, and sex: A mixed-methods study with LGBT youth. *Journal of Sex Research*, 50(5), 421-434.
- DeHaut, K. J. (2017). *A quantitative study of personal and institutional variables impacting social identity among correctional officers*. (Doctoral dissertation, Capella University, 2017) (pp. 1-146). Ann Arbor, MI: ProQuest .
- DeJong , L. (1997, January 3). Parental attachment, parental style of authority, self-efficacy and adolescent identity: Test of a mediational model (Doctoral dissertation, The Florida State University , 1997) *UMI*, 1-MI. (UMI No. 9729694), 1-194.
- Denzin, N.K., & Lincoln, Y. S., (Eds.). (2011). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.). *The SAGE handbook of qualitative research* (4th ed., pp. 1-20). Thousand Oaks, CA: Sage.
- Dhawan, N., Naidu, R., Rettek, S., Roseman, I., & Thapa, K. (1995). Self-concepts across two cultures: India and the United States. *Journal of Cross-Cultural Psychology*, 26, 606-621.
- Faber, A. J., Edwards, A. E., Bauer, K. S., & Wetchler, J. L. (2003). *Family structure: Its effects on adolescent attachment and identity formation*. *American Journal Of Family Therapy*, 31(4), 243-255.
- Feen-Calligan, H. R. (2005). Constructing professional identity in art therapy through service-learning and practice. *Art Therapy*, 22(3), 122-131
- Feen-Calligan, H. R. (2012). Professional identity perceptions of dual-prepared art therapy graduates. *Art Therapy*, 29(4), 150-157. doi:10.1080/07421656.2012.730027

- Fish, B. J. (2008). Formative evaluation research on art-based supervision in art therapy training. *Art Therapy: Journal of the American Art Therapy Association*, 25(2), 70–77.
- Fish, B. J. (2012). Response art: The art of the art therapist. *Art Therapy*, 29(3), 138-143.
- Garai, J. E. (1973). Reflections of the struggle for identity in art therapy. *Art Psychotherapy*, 1(3-4), 261-275.
- Gerber, N. (2015). Mixed methods research and art therapy. In D. E. Gussak, & M. L. Rosal, (Eds.), *The Wiley Handbook of Art Therapy*, (654-662). Chichester: John Wiley & Sons, Incorporated.
- Gonzalez-Dolginko, B. (2000). Shaping our future: What are our professional responsibilities to art therapy students? *Art Therapy: Journal of the American Art Therapy Association*, 17, 90-100.
- Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., Ijzendoorn, M. V., . . .
 Duschinsky, R. (2017). Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & Human Development*, 19(6), 534-558.
- Haesen, S., Wangmo, T., & Elger, B. S. (2017). Identity as an older prisoner: Findings from a qualitative study in Switzerland. *European Journal of Ageing*.
- Hall, M. F. E. L., & Hall, S. E. P. L. (2016). *Managing the psychological impact of medical trauma: A guide for mental health and health care professionals*.
- Hilton, D. J., & Liu, J. H. (2005). *How the past weighs on the present: Social representations of history and their role in identity politics*. British Journal of Social Psychological Society, 44, 1-21.

- Hojat, M., Vergare, M., Isenberg, G., Cohen, M., & Spandorfer, J. (2015). Underlying construct of empathy, optimism, and burnout in medical students. *International Journal of Medical Education*, 6, 12– 16.
- Humphries, C., & Jobson, L. (2012). Short report: Influence of culture and trauma history on autobiographical memory specificity. *Memory*, 20(8), 915-922.
- Isbell, L. M., McCabe, J., Burns, K. C., & Lair, E. C. (2013). Who am I?: The influence of affect on the working self-concept. *Cognition And Emotion*, 27(6), 1073-1090.
- Jackson, S. E. (1981). Measurement of commitment to role identities. *Journal Of Personality And Social Psychology*, 40(1), 138-146. doi:10.1037/0022-3514.40.1.138
- Jarrett, L. (2016). *Who am I? examining the evolving identity of an art therapy graduate student*. (Master's thesis). Indiana University Purdue University.
- Jones, M., Pietilä, I., Joronen, K., Simpson, W., Gray, S., & Kaunonen, M. (2016). Parents with mental illness - a qualitative study of identities and experiences with support services. *Journal of Psychiatric and Mental Health Nursing*, 23(8), 471-478.
- Joslin-Roher, E., & Wheeler, D. P. (2009). Partners in transition: The transition experience of lesbian, bisexual, and queer identified partners of transgender men. *Journal of Gay & Lesbian Social Services*, 21(1), 30-48.
- Junge, M. B. (2014). *Identity and art therapy: Personal and professional perspectives*. Springfield, IL, U.S.A.: Charles C Thomas, Publisher, Ltd.
- Jungert, T. (2013). Social identities among engineering students and through their transition to work: A longitudinal study. *Studies in Higher Education*, 38(1), 39-52.
- Kandel, E. (2012). *The age of insight: The quest to understand the unconscious in art, mind, and brain, from Vienna 1900 to the present*. New York: Random House.

- Kapitan, L. (2010a). Art therapist within borders: Grappling with the collective “we” of identity. *Art Therapy: Journal of the American Art Therapy Association*, 27(3), 106–107.
doi:10.1080/07421656.2010.10129662
- Kapitan, L. (2010b). *Introduction to art therapy research*. New York, NY: Routledge.
- Kleiman, S. (2004). Phenomenology: To wonder and search for meanings. *Nurse Researcher*, 11(4), 7-19.
- Kral, R. B. (1992). *A quantitative study: The psychological process of achieving a competent sense of self as a family therapist* (Doctoral dissertation) (pp. 1-99). Ann Arbor, MI: A Bell & Howell Information Company .
- Kuhn, M. H., & Mcpartland, T. S. (1954). An empirical investigation of self attitudes. *American Sociological Review*, 19(1), 68. doi:10.2307/2088175
- Kutz, I., Shabtai, H., Solomon, Z., Neumann, M., & David, D. (1994). Posttraumatic stress disorder in myocardial infarction patients: Prevalence study. *Israel Journal of Psychiatry and Related Sciences*, 31, 48– 56.
- Lawson, D. M., & Quinn, J. (2013). Complex trauma in children and adolescents: Evidence-based practice in clinical settings. *Journal Of Clinical Psychology*, 69(5), 497-509.
- Leavy, P. (2015). Method meets art, second edition: Arts-based research practice. Retrieved from <https://ebookcentral-proquest-com.proxy.ulib.uits.iu.edu>
Sociology Review, 68-76.
- Levick, M. (1995). The identity of the creative arts therapist: Guided by ethics. *The Arts in Psychotherapy*, 22, 283-295.

- Linder, L., & Christian, B. (2011). Characteristics of nighttime hospital bedside care environment (sound, light, and temperature) for children with cancer. *Cancer Nursing*, 34 (3), 177– 184.
- LoBiondo, S. L. (2015). *Delaware school counselors perceptions of their professional identity and graduate preparation* (Doctoral dissertation, Thesis / Dissertation ETD) (pp. 1-211). Ann Arbor, MI: ProQuest.
- Maccallum, F., & Bryant, R. A. (2013). A cognitive attachment model of prolonged grief: Integrating attachments, memory, and identity. *Clinical Psychology Review*, 33 (6), 713-727.
- MacWilliam, B. (2017). *Complicated grief, attachment, & art therapy: Theory, treatment, and 14 ready-to-use protocols*. London: Jessica Kingsley.
- Mahmood, A., Chaudhury, H., & Valente, M. (2011). Nurses' perceptions of how physical environment affects medication errors in acute care settings. *Applied Nursing Research*, 24, 229– 237.
- Main, M., Kaplan, N., and Cassidy, J. (1985) 'Security in infancy, childhood, and adulthood: A move to the level of representation.' *Monographs of the Society for Research in Child Development* 50, 1-2, 66-104.
- Markus, H., & Oyerman, D. (1989). Gender and thought: The role of the self-concept. In M. Crawford & M Gentry (Eds.), *Gender and thought: Psychological perspectives* (pp. 100-127). New York: Springer-Verlag.
- Masdon, T., (2011) Medical family therapy. In L. Metcalf (Eds.), *Marriage and family therapy: A practice-oriented approach* (pp. 365-368). New York: Springer Pub. Co.

- Mathews, M. (2011). The role of explanatory models and professional factors in Singaporean clergy referral intentions to mental health professionals. *Health Sociology Review*, 20(1), 41-57.
- Matua, G. A., & Van Der Wal, D. M. (2015). Differentiating between descriptive and interpretive phenomenological research approached. *Nurse Researcher*, 22(6), 22-27.
- McDaniel, S. H., Hepworth, J., & Doherty, W. J. (1992). *Medical family therapy: A biopsychosocial approach to families with health problems*. New York, NY: Basic Books.
- McNiff, S. (1986). *Educating the creative arts therapist: A profile of the profession*. Springfield, IL: Charles C Thomas.
- McNiff, S. (1998). *Art-based research*. London: Jessica Kingsley Publishers.
- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling and Development*, 89(2), 140–147. doi:10.1002/j.1556- 6678.2011.tb00071.x
- Mertens, D. M. (2015). *Research and evaluation in education and psychology integrating diversity with quantitative, qualitative and mixed methods* (4th ed.). Johannesburg: MTM.
- Millstein, B. M. (1997). *Effects of a prejudice reduction program utilizing creative movement on the racial/ethnic attitudes and identity of adolescents*. (Doctoral dissertation, Fordham University, 1997) (pp. 1-162). Ann, MI: UMI Company.
- Mitchell, K. (2017). Becoming whole again: A qualitative study of veterans' return to civilian life (Doctoral dissertation, Stony Brook University, 2017). *ProQuest*, 1-209.
- Monrad, Merete. "On a scale of one to five, who are you? mixed methods in identity research." *Acta Sociological*, vol. 56, no. 4, 2013, pp. 347–360.

- Moon, C. H. (2014). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. New York, NY: Routledge.
- Mosser, G., & Begun, J. W. (2014). *Understanding teamwork in health care*. New York, NY: McGraw-Hill Education.
- Murdock, J., Stipanovic, N., & Lucas, K. (2013). "Fostering connections between graduate students and strengthening professional identity through co-mentoring." *British Journal Of Guidance & Counselling* 41, no. 5: 487-503. *PsycINFO*, EBSCOhost (accessed November 20, 2017).
- Newcomb, S. A. (2017). The impact of racial miscategorization and racial ambiguity on multiracial identity and well-being: A qualitative study (Doctoral dissertation, Marquette University, 2017). *ProQuest*, 1-141.
- Northrup, J. C., & Bean, R. A. (2007). Culturally competent family therapy with Latino/Anglo-American adolescents: Facilitating identity formation. *The American Journal of Family Therapy*, 35(3), 251-263.
- O’Gorman, R. T. (2005). Clinical pastoral education (CPE) and the professional identity of the dual degrees student. In D. Lee & R. T. O’Gorman (Eds.) *Social work and divinity* (pp. 125–136). Binghamton, NY: Haworth Pastoral Press.
- Orkibi, H. (2010). Creative art therapies students’ professional identity and career commitment: A brief pilot study. *The Arts in Psychotherapy*, 37(3), 228–232.
- Orkibi, H. (2012). Arts therapies students’ scores in profession-related variables: Quantitative results of a longitudinal study. *Body, Movement and Dance in Psychotherapy*, 7(2), 129-144.
- Para, E. A. (2008). The role of social support in identity formation: A literature review.

- Graduate Journal of Counseling Psychology*, 1(9), 97-105.
- Paul, P. L., & Frieden, G. (2008). The lived experience of gay identity development: A phenomenological study. *Journal of LGBT Issues in Counseling*, 2(1), 26-52.
- Procaccia, R., Veronese, G., & Castiglioni, M. (2014). Self-characterization and attachment style: A creative method of investigating childrens construing. *Journal of Constructivist Psychology*, 27(3), 174-193.
- Rakhimova, A. r., Yashina, M., Mukhamadiarova, A., & Sharipova, A. (2017). The development of sociocultural competence with the help of computer technology. *Interchange (0826-4805)*, 48(1), 55-70.
- Ranz, R., Grodofsky, M. M., & Abu, N. B. (2016). A “Jewish study hall” influenced approach to social work professional identity development: A qualitative study. *Australian Social Work*, 70(3), 302-311.
- Reisner, C. (2018). Atheism in higher education: A phenomenological study of identity in the workplace. *Journal of College and Character*, 19(1), 52-64.
- Reynolds, F. (2003). Reclaiming a positive identity in chronic illness through artistic occupation. *OTJR: Occupation, Participation and Health*, 23(3), 118-127.
- Ridley, S. (2015). A question of identity: Mirrors as a tool for self-reflection. *Journal of Creativity in Mental Health*, 10(2), 130-148.
- Robbins, A. (1982). Integrating the personal and theoretical splits in the struggle towards an identity as art therapist. *The Arts in Psychotherapy*, 9, 1-9.
- Ronnestad, M.H., & Skovholt, T.M. (2003). The journey of the counselor & therapist: Research, findings and perspectives in professional development. *Journal of Career Development*, 30, 3544.

- Ruddy, N. B., & McDaniel, S. H. (2003). Medical family therapy. In T.L. Sexton & G. R. Weeks (Eds.), *Handbook of family therapy: The science and practice of working with families and couples* (pp. 365-369). New York, NY: Brunner-Routledge.
- Salovey, P., & Mayer, J. (1990). *Emotional intelligence, imagination, cognition, and personality*, 9 (3), 185– 211.
- Savin-Williams, R. C. (2011). Identity development among sexual minority youth. In S. J. Schwartz, K. Luyckx & V. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 671–689). New York, NY: Springer.
- Schaverian, J. (1995). *Desire and the female therapist: Engendered gazes in psychotherapy and art therapy*. London: Routledge.
- Schayot, L. A. (2008, December 19). *School counselors' perceptions of their academic preparation in their roles as professional school counselors* (Doctoral dissertation, No. 882). University of New Orleans, New Orleans, LA. Retrieved from <http://scholarworks.uno.edu/cgi/viewcontent.cgi?article=1862&context=td>
- Senge, P., Kleiner, A., Roberts, C., Ross, R., Roth, G., & Smith, B. (1999). *The dance of change: The challenges of sustaining momentum in learning organizations*. New York: Doubleday.
- Sholevar, G. P., & Sahar, C. (2003). Medical family therapy in G. P. Sholevar (Ed.), *Textbook of family and couples therapy* (pp. 747-767). Washington, DC: American Psychiatric Publishing.
- Simon, E. (2012). *The impact of online teaching on higher education faculty's professional identity and the role of technology: The coming of age of the virtual teacher* (Doctoral dissertation, University of Colorado, 2012) (pp. 1-265). Ann Arbor, MI: ProQuest.

- Skjeggstad, E., Gerwing, J., & Gulbrandsen, P. (2017). Language barriers and professional identity: A qualitative interview study of newly employed international medical doctors and Norwegian colleagues. *Patient Education and Counseling, 100*(8), 1466-1472.
- Smith, K. C., Klassen, A. C., Coa, K. I., & Hannum, S. M. (2015). The salience of cancer and the “survivor” identity for people who have completed acute cancer treatment: A qualitative study. *Journal of Cancer Survivorship, 10*(3), 457-466.
- Syed, M. (2017). Advancing the cultural study of personality and identity: Models, methods, and outcomes. *Current Issues in Personality Psychology, 1*, 65-72.
- Thompson, G. (2015). Aesthetic action and self-construction of an artist identity: The impact of art and art therapy on subjectivity and mental health illness in qualitative research (Doctoral dissertation, Saybrook University, 2015). *ProQuest*, 1-534.
- Tashakkori, A., & Teddlie, C. (Eds.) (2010). *Sage handbook of mixed methods in social & behavioral research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Valentine, S. E., Geftter, J. R., Bankoff, S. M., Rood, B. A., & Pantalone, D. W. (2017). A mixed-methods analysis of feminist beliefs and feminist identity development among college women survivors of gender-based violence. *Journal of Aggression, Maltreatment & Trauma, 26*(7), 772-791.
- Wadeson, H. (2003). Making art for professional processing. *Art Therapy: Journal of the American Art Therapy Association, 20*(4), 208–218.
- Watts, B., & Jones, S. (2000). Inter-professional practice and action research: Commonalties and parallels. *Educational Action Research, 8*(2), 377-382.

- Weisskirch, R. S., & Delevi, R. (2012). Its over b/n u n me: Technology use, attachment styles, and gender roles in relationship dissolution. *Cyberpsychology, Behavior, And Social Networking*, 15(9), 486-490.
- Zembylas, M., & Bekerman, Z. (2008). Education and the dangerous memories of historical trauma: Narratives of pain, narratives of hope. *Curriculum Inquiry*, 38(2), 125-154.

APPENDIX A

Twenty Statement Test Response Sheet

Response to “Who Am I?”

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

APPENDIX B

The following steps by Kleiman (2004) use the descriptive phenomenological method of inquiry that was used in the unstructured interview to find themes within the TST responses:

- 1) Read the interview transcript in its entirety in order to get a global sense of the whole.
- 2) Read the interview transcript a second time - this time more slowly - in order to divide the data into meaningful sections or units.
- 3) Integrate those sections/units that you have identified as having a similar focus or content and make sense of them.
- 4) Subject your integrated meaningful sections/units to a process that is known as free imaginative variation.
- 5) Elaborate on your findings - this includes descriptions of the essential meanings that were discovered through the process of free imaginative variation.
- 6) Revisit the raw data descriptions again in order to justify your interpretations of both the essential meanings and the general structure. You really do have to prove that you can substantiate the accuracy of all your findings by referencing to the raw data. (p. 13)

APPENDIX C

Description Categorization: Write the description of each response from the Twenty Statement Test (TST) in the description section. Then check “x” the appropriate box to categorize the statement by its influence. If the response does not best fit in the provided influences, mark “Other” and indicate/describe a more appropriate category it would fit under. For example: Statement from TST- “I am a girl.” Other- “biological influence”

| Description | Familial Influence | Sociocultural Influence | Educational Influence | Medical Influences | Trauma Influences | Other |
|-------------|--------------------|-------------------------|-----------------------|--------------------|-------------------------|-------|
| 1.) | | | | | _____ _____ _____ | |
| 2.) | | | | | _____ _____ _____ | |
| 3.) | | | | | _____ _____ _____ | |
| 4.) | | | | | _____ _____ _____ | |
| 5.) | | | | | _____ _____ _____ | |
| 6.) | | | | | _____ _____ _____ | |
| 7.) | | | | | _____ _____ _____ | |
| 8.) | | | | | _____ _____ _____ | |

| | | | | | | |
|------|--|--|--|--|---|--|
| | | | | | | |
| 9.) | | | | | <div></div> <div></div> <div></div> | |
| 10.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 11.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 12.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 13.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 14.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 15.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 16.) | | | | | <div></div> <div></div> <div></div> <div></div> | |
| 17.) | | | | | <div></div> <div></div> <div></div> <div></div> | |

| | | | | | | |
|-------|--|--|--|--|-------------------------------------|--|
| 18.) | | | | | <div></div> <div></div> <div></div> | |
| 19.) | | | | | <div></div> <div></div> <div></div> | |
| 20.) | | | | | <div></div> <div></div> <div></div> | |
| Total | | | | | | |

APPENDIX D

Collective Total: Total the number of statements in each column for each week. Then add up the total number under each named influence.
 For example: During week 1 there were 6 familial influences, week 5 there was 8, and week 6 there were 3. Total there were 17 familial influences.

| | Familial Influence | Sociocultural Influence | Educational Influence | Medical Influences | Trauma Influences | Other |
|--------|--------------------|-------------------------|-----------------------|--------------------|-------------------|-------|
| Week 1 | | | | | _____ | _____ |
| Week 2 | | | | | _____ | _____ |
| Week 3 | | | | | _____ | _____ |
| Week 4 | | | | | _____ | _____ |
| Week 5 | | | | | _____ | _____ |
| Week 6 | | | | | _____ | _____ |
| Totals | | | | | | |

APPENDIX E



Week One

1. I am human.
2. I am flawed.
3. I am made up of experience.
4. I am holding a space.
5. I am strong.
6. I am pain.
7. I am tired.

8. I am a daughter.

9. I am a friend.

10. I am understanding.

11. I am loving.

12. I am empathetic.

13. I am messy.

14. I am a tear.

15. I am a smile.

16. I am brave.

17. I am determined.

18. I am real.

19. I am expectations.

20. I am letting go of what I can't control.

APPENDIX F



Week Two

1. I am a smile behind pain.
2. I am success.
3. I am possibility.
4. I am supported.
5. I am loved.
6. I am friendly.
7. I am determined.

8. I do not give up.

9. I am a pleaser.

10. I help others.

11. I care for others.

12. I am hopeful.

13. I lift others up when I am down.

14. I am fatigued.

15. I am walked on.

16. I am compassionate.

17. I am worthy.

18. I am valuable.

19. I am broken.

20. I am a work of art.

APPENDIX G



Week Three

1. I am sensitive.
2. I am emotional.
3. I am aware of my surroundings.
4. I am grounded.
5. I am depended on.
6. I am surrounded with support.
7. I have humor.

8. I am always learning.

9. I am unexpected.

10. I feel pain all over my body.

11. I am taken advantage of.

12. I am achy.

13. I am a voice to others.

14. I have experienced trauma.

15. I am educated.

16. I have vivid traumatic memories.

17. I have instinct.

18. I am holding others pain.

19. I am overwhelmed.

20. I can only hold so much.

APPENDIX H



Week Four

1. I feel pins and needles in my back.
2. I am cracking apart.
3. I am weak, but strong.
4. I put up a face.

5. I am looked at as normal.

6. I am a dependable person.

7. I am a hard worker.

8. I am organized.

9. I am easily annoyed by those who are inconsiderate of others.

10. I am emotional.

11. I feel unbalanced.

12. I am bold.

13. I am an artist.

14. I am a creator.

15. I am a teacher.

16. I am strong.

17. I am living.

18. I am learning.

19. I am able.

20. I am earning.

APPENDIX I







Week 5

1. I am finding a way to make it work.
2. I am a fighter.
3. I am a believer.
4. I value time spent with others.

5. I am detailed.

6. I am an artist.

7. I am a therapist.

8. I am a friend.

9. I am too hard on myself.

10. I am learning to care for me.

11. I am loved.

12. I am confident.

13. I am inspired by those who make it happen.

14. I am complex.

15. I am present.

16. I am sincere.

17. I am evolving.

18. I am loyal.

19. I am transforming.

20. I am enough.

APPENDIX J



Week 6

1. I am depended on.
2. I am a friendly face.
3. I am giving.
4. I am helpful.
5. I am confident.
6. I am experience.
7. I am intuitive.

8. I am willing to try new things.

9. I am sincere.

10. I am strong.

11. I am connected to others.

12. I am a shoulder to lean on.

13. I am eager.

14. I am creative.

15. I am beautiful.

16. I am hopeful.

17. I am optimistic.

18. I am valuable.

19. I am a voice of reason.

20. I am proud of who I've become.

APPENDIX K

Table 1.

Words in New Themes

| Theme | Response |
|----------------------|-------------------------------|
| <i>Giving</i> | Giving |
| | Help Others |
| | Voice to others |
| | Care for others |
| | Helpful |
| | Sincere |
| | Friendly |
| | Hopeful |
| | Pleaser |
| | Friendly Face |
| | Willing to try new things |
| | Able |
| | Serving |
| | Holding Space |
| | Friend |
| | Worthy |
| | Therapist |
| | Inspired by those who make it |
| | Sincere |
| | Shoulder to lean on |
| <i>Self</i> | Voice of Reason |
| | Fighter |
| | Too hard on self |
| | Learning to care for self |

Success

Put up a face
Weak but strong
Human
Living
Work of art
Hold so much
Real
Confident
Believer
Flawed
Complex
Bold
Success
Hard worker
Detailed
Expectations
Transforming
Determined
Evolving
Organized
Educated
Always Learning
Learning
Earning
Proud of who I've come
Enough
Possibility
Emotional

Interpersonal Relationships

Mother

Strong
Connected to others
Messy
Smile behind pain
Walked on
Sensitive
Overwhelmed
Taking advantage of
strong
Letting go
Daughter
Artists
Creator
Loved
Supported
Compassionate
Humor
Grounded
Depended on
Surrounding with support
Creative
Beautiful
Optimistic
Empathetic
Loving
Instinct
Teacher
Friend

Somatic

Valuable
 Tired
 Smile
 Experience
 Fatigued
 Achy
 Finding a way to make it work
 Lift others up
 Pain all over
 Holding others pain
 Pins and needles
 Look as normal
 Brave
 Unexpected
 Don't give up
 Unbalanced
 Pain

Values

Dependable
 Understanding
 Time spent with others
 Valuable
 Present
 Loyal

Memories

Intuitive
 Experiences
 Tear
 Broken
 Aware of surroundings

| |
|--------------------------|
| Experienced trauma |
| Vivid traumatic memories |
| Cracking apart |

This table demonstrates each response that was characterized under each theme.

APPENDIX L

Table 2.

Search Terms

| <u>Search Terms</u> | | | <u>Database</u> |
|------------------------|---|-----------------------|--|
| Art Therapy | + | Identity | AATA Journal + EBSCOhost |
| Art Therapy | + | Professional Identity | AATA Journal |
| Art Therapist | + | Identity | AATA Journal |
| Art Therapist | + | Professional Identity | AATA Journal + EBSCOhost |
| Arts Based Research | + | Identity | AATA Journal |
| Arts Based Inquiry | + | Art Therapist | AATA Journal |
| Arts Base | + | Self-Study | AATA Journal + EBSCOhost |
| Phenomenological Study | + | Art Therapy | AATA Journal |
| Phenomenological | + | Arts Based | AATA Journal |
| Professional Identity | + | Therapist | IUPUI Scholar Works |
| Identity | + | Graduate Student | AATA Journal + EBSCOhost + Google Scholar |
| Identity | + | Therapist | EBSCOhost |
| Response Art | + | Art Therapist | AATA Journal + EBSCOhost |
| TST | + | Arts Based Study | AATA Journal |
| Twenty Statement Test | | | EBSCOhost |
| Self | + | Identity | EBSCOhost |
| Art Therapy | + | Identity | IUPUI ScholarWorks |
| Memory | + | Identity | ATTA Journal + EBSCOhost |
| Themes | + | Identity | EBSCOhost + ATTA Journal + Google Scholar |
| Themes | + | Professional Identity | EBSCOhost |
| Medical | + | Trauma | EBSCIhost |

| | | | |
|--|---|------------------------|----------------------------|
| Trauma | + | Identity | EBSCOhost |
| Trauma | + | Privacy | EBSCOhost |
| Pediatric Trauma | + | Stress | EBSCOhost |
| Childhood Trauma | + | Medical | EBSCOhost |
| Medical Trauma | + | Environment | EBSCOhost |
| Phenomenological study | | + identity + therapist | EBSCOhost + ATTA Journal |
| Phenomenological | + | identity | EBSCOhost + ATTA Journal |
| Family influence | + | identity | EBSCOhost |
| Attachment | + | identity | EBSCOhost |
| Attachment style | + | identity | EBSCOhost |
| Identity development | + | attachment | EBSCOhost |
| Attachment style | | | ATTA Journal + |
| Identity | + | mixed methods | EBSCOhost |
| Identity study | + | mixed methods | EBSCOhost |
| Mixed methods identity | | | EBSCOhost |
| Identity mixed methods study | | | EBSCO host |
| Identity + mixed methods + art therapy | | | EBSCOhost and ATTA Journal |
| Identity + mixed methods + trauma | | | EBSCOhost |
| Identity | + | qualitative study | EBSCOhost |
| Identity | + | qualitative | EBSCOhost |
| Identity + qualitative study + art therapy | | | EBSCOhost |
| Identity + qualitative study + trauma | | | EBSCOhost |
| Identity + family therapy | | | EBSCOhost |

Identity + family therapy + trauma

EBSCOhost

Identity + medical + family therapy

EBSCOhost

Family therapy + medical

EBSCOhost